

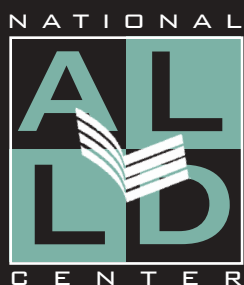
# BRIDGES *to* PRACTICE



A Research-based Guide for  
Literacy Practitioners Serving  
Adults with Learning Disabilities

A Project of the National Institute for Literacy

GUIDEBOOK 2  
The Assessment Process



A Collaboration Between



The Academy for  
Educational Development  
and  
The University of Kansas Institute  
for Research in Learning Disabilities

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*Bridges to Practice* consists of five guidebooks designed for use by literacy programs to enhance the quality of services provided to adults with learning disabilities. Each guidebook is designed to answer specific questions that literacy program staff might have, such as legal issues, screening for learning disabilities, selection of curriculum options, and the use of effective instructional methods.

## **Bridges to Practice**

A Research-based Guide for Literacy Practitioners Serving  
Adults with Learning Disabilities

### **Guidebook 1**

Preparing to Serve Adults with  
Learning Disabilities

### **Guidebook 2**

The Assessment  
Process

- Introduction to Assessment
- Screening for Learning Disabilities
- Selecting Screening Instruments
- Systems and Program Change

### **Guidebook 3**

The Planning  
Process

### **Guidebook 4**

The Teaching/Learning  
Process

### **Guidebook 5**

Creating Professional  
Development Opportunities

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**The National Adult Literacy and  
Learning Disabilities Center**

Washington, DC • 1999



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## Guidebook 2

This material is based on work supported by the National Institute for Literacy under Grant No. X257B30002. Any opinions, findings, and conclusions or recommendations expressed in this material are those of the author(s) and do not necessarily reflect the views of the National Institute for Literacy.

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### **THE NATIONAL ALLD CENTER**

The National ALLD Center, funded by the National Institute for Literacy, is a collaboration between the Academy for Educational Development and the University of Kansas Institute for Research in Learning Disabilities. The Center's mission is to promote awareness about the relationship between adult literacy and learning disabilities. Through its national information exchange network and technical assistance training, the National ALLD Center helps literacy practitioners, policymakers, and researchers better meet the needs of adults with learning disabilities. We encourage your inquiries and will either directly provide you with information or refer you to an appropriate resource.

### **THE NATIONAL INSTITUTE FOR LITERACY**

The National Institute for Literacy is an independent federal agency jointly administered by the U.S. Departments of Education, Labor, and Health and Human Services. The Institute's primary goals are to provide leadership and coordination for literacy activities across federal agencies and among states, enhance the knowledge base for literacy, and create a national communications system that links the literacy field nationwide.

### **THE ACADEMY FOR EDUCATIONAL DEVELOPMENT**

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Academy for Educational Development  
Washington, D.C.  
January 1999



## NATIONAL INSTITUTE FOR LITERACY

Fall, 1998

Dear Colleagues:

The National Institute for Literacy (NIFL) has a small budget and a huge mission: to assure that all American adults who need to improve their literacy skills have access to services of real quality and effectiveness.

One of the greatest challenges to this mission is the issue of learning disabilities (LD) – our field's historic lack of knowledge about these complex obstacles to learning, and our struggle to help adults with LD gain the skills they need to lead productive, fulfilling lives.

Educators have known for years that learning disabilities are among the major problems faced by adult literacy students and by the programs that serve them. But today the need for solutions is especially urgent. On the eve of the 21<sup>st</sup> century, when literacy skills are more important than ever before to the success of individuals and our nation, state and local programs are under enormous pressure to show that their services make a difference to all their students. We must learn how to do a better job of serving adults with learning disabilities.

BRIDGES TO PRACTICE is NIFL's major contribution to that goal. BRIDGES is the centerpiece product of our National Adult Literacy and Learning Disabilities Center. It is the culmination of a five-year investment in developing useful, concrete tools related to learning disabilities in adults for literacy and other human resource practitioners. We are convinced that BRIDGES and its accompanying training and technical support will meet critical professional development needs that have never been met in such a comprehensive way.

The publication of BRIDGES is not the end of NIFL's commitment in the area of literacy and learning disabilities. We hope it will be the beginning of an increasingly collaborative process with all of you to find better and better ways of serving this significant population of America's adults.

Sincerely,

Andrew Hartman  
Director

Susan Green  
Project Officer

Glenn Young  
Learning Disabilities Specialist



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# Preface

Welcome to *Bridges to Practice*. You are about to embark on a journey designed to help literacy programs enhance the services they provide for adults with learning disabilities. The development of *Bridges to Practice* is centered around the vision of the National Adult Literacy and Learning Disabilities Center (National ALLD Center). This vision consists of the following beliefs:

- Adults with learning disabilities have specific and unique educational service needs.
- Literacy programs can and should meet the needs of adults with learning disabilities.
- By focusing on research-based information, the National ALLD Center can help literacy programs better meet the needs of adults with learning disabilities.

*Bridges to Practice* is organized around five guidebooks designed to document and reflect “best practices” in working with persons with learning disabilities. What distinguishes these guidebooks from similar products is that the content is based on research. The purpose of these guidebooks is to influence the decision-making process of literacy practitioners in evaluating and selecting screening tools, curricular materials, and instructional strategies that are effective for adults with learning disabilities. Ultimately, by making changes in the provision of services for adults with learning disabilities, literacy programs can help countless adults reach their potential and lead more fulfilling and self-sufficient lives.

By the end of the *Bridges to Practice* training, you will have:

- a broader awareness of learning disabilities and their impact on the provision of literacy services;
- a repertoire of skills and practical tools for tapping the creativity and experience of those you work with;
- a vision of the changes you would like your program to initiate in providing services which are more responsive to the needs of persons with learning disabilities; and
- an action plan for how you intend to achieve those changes.

To derive maximum benefit from these guidebooks, literacy program leaders are encouraged to participate in the companion training/professional development program developed by the National ALLD Center. When used in conjunction with this training and the accompanying video, *Bridges to Systemic Reform*, these guidebooks can provide the stimulus for literacy programs to begin to address overall system change and, thereby, to enhance the quality of services provided to adults with learning disabilities.

For more information on the training, contact the National ALLD Center at (202) 884-8185 or (800) 953-ALLD [2553].

Mary Ann Corley, Ph.D.  
Director, National ALLD Center

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# Foreword

Learning disabilities is an umbrella term that describes a wide variety of disorders, including disorders in one or more of the basic psychological processes involved in understanding or using spoken or written language. Adults who have difficulties with listening, thinking, speaking, reading, or writing are likely to experience problems that significantly affect their academic achievement and their lives.

Varying estimates of the number of American adults with learning disabilities range from 3 to 15 percent of the general population. An even greater incidence of learning disabilities is likely to be found among the population of adults with low-level literacy skills. Research has yet to determine just what that proportion is; estimates range from 30 to 80 percent.

*Bridges to Practice: A Research-based Guide for Literacy Practitioners Serving Adults with Learning Disabilities* was developed through funding from the National Institute for Literacy (NIFL), which was created by the National Literacy Act of 1991. The NIFL's mission is to maximize the effectiveness of local literacy services nationwide. One of the goals of the NIFL is to enhance the capacity of literacy service providers to identify, teach, and support adults with learning disabilities.

In 1993, the NIFL provided funding to the Academy for Educational Development (AED) to establish the National Adult Literacy and Learning Disabilities Center (National ALLD Center) in collaboration with the University of Kansas Institute for Research in Learning

Disabilities (KU-IRLD). Together, the staff at AED and the KU-IRLD developed a service, research, and development agenda designed to assist literacy practitioners in enhancing services to adults with learning disabilities. This agenda was developed in recognition of:

- the link between low-level literacy in adults and the apparent prevalence of learning disabilities;
- the high student attrition rate nationwide in adult literacy programs;
- the paucity of research studies on adult literacy students with learning disabilities; and
- the need to improve the outcomes of adult literacy programs.

The National ALLD Center developed the *Bridges to Practice* series for adult literacy program supervisors and professional development specialists. The goal of *Bridges to Practice* is to increase awareness among practitioners about learning disabilities and to help program leaders address the changes they might initiate to make their programs more responsive to the needs of adults with learning disabilities.

By setting forth guidelines for best practices and by stimulating discussions among program staff, these guidebooks can be the catalyst that causes some literacy programs to rethink and restructure their delivery systems to be more effective in serving adults with learning disabilities. Programs that are responsive to the needs of adult learners ultimately will assist greater numbers of students in achieving their goals.

## Development of the Guidebooks

Research efforts in the fields of literacy, adult education, and learning disabilities are just beginning to yield clear directions for practice. Furthermore, what is known from research on learning disabilities has found its way only sporadically into instructional practice. It has been estimated that less than 10 percent of educational materials and methods currently used in instructional settings has been validated through any type of research (Carnine, 1995). To address this dilemma, the team at the National ALLD Center developed a three-phase research and development plan.

### Phase 1: Gather Information from the Field

During the first phase of research and development, the National ALLD Center staff organized focus groups, sent out questionnaires, surveyed

resource centers, and evaluated current screening practices and instructional materials. Through this research, the staff

- identified the beliefs, issues, and values of practitioners in the fields of literacy and learning disabilities;
- identified and validated standards for developing, evaluating, and selecting practices related to screening and instructional materials for serving adults with learning disabilities; and
- identified current practices related to serving adults with learning disabilities.

The last step in this phase was to develop and field-test procedures related to teaching literacy providers to apply the standards to screening practices and instructional materials.

## Phase 2: Integrate Research and Write Guidebooks

During the second phase of research and development, the National ALLD Center staff integrated the knowledge they had gathered during the first phase and used this information as a basis for the first four *Bridges to Practice* guidebooks. The staff also developed training for using the program and field-tested the guidebooks to determine how literacy service providers could use the information to improve services for adults with learning disabilities.

## Phase 3: Review and Refine Guidebooks

After the first four guidebooks were developed, the National ALLD Center staff used field-test results and reviews of external evaluators to revise the guidebooks. They also collaborated with the four NIFL-funded Learning Disabilities Training and Dissemination (LDTD) hubs and developed the professional development guidebook (*Guidebook 5*) to enhance the dissemination of information contained within the *Bridges to Practice* series.

Because of ongoing research and development in the fields of adult literacy and learning disabilities, additional information will be continuously added to these guidebooks so that they reflect the most current knowledge concerning adults with learning disabilities.

## Ensuring Success

The fields of adult literacy and learning disabilities represent many audiences and interest groups. The *Bridges to Practice* guidebooks provide

information about learning disabilities and their impact on literacy programs. However, these guidebooks cannot compensate for the development of specialists in learning disabilities and professional training. Ideally, literacy services for adults with learning disabilities should be organized and delivered by, or under the direct guidance of, a practitioner who is a “master” in providing instruction to those who struggle with learning and learning disabilities.

## Terminology Used in the Guidebooks

For consistency throughout these guidebooks, the term “practitioner” is used to describe persons who provide direct services to adults with learning disabilities. Practitioners can be tutors, teachers, program leaders, or volunteers.

These guidebooks specifically focus on adults who are either diagnosed as, or suspected of, having learning disabilities. On occasion, particularly for the sake of simplicity within tables and charts, the term “learner” is used to refer to adults who have, or may have, learning disabilities.

Because of the limited amount of research on programs and practices available for adults with learning disabilities, many of the practices referenced in these guidebooks represent best practices across the field of learning disabilities, and require translation for use in the adult community. Therefore, the terms “person with learning disabilities” or “individual with learning disabilities” imply that learning disabilities are a lifelong condition.

In some instances, again for simplicity, the abbreviation LD is used for learning disabilities, as in the term “LD-appropriate literacy services.” When the term “accommodation” is used to describe the responsibilities of adult literacy programs, it refers to changes that are legally required to allow the adult who has been diagnosed with a learning disability to access and profit from the basic or essential services provided by a program. The term “adaptation” refers to the routine changes that a teacher makes during instruction to increase student learning. Adaptations are usually not legally required and may be thought of as good teaching practices responsive to the heterogeneity within any group of learners.

Finally, the term *Bridges* is frequently used to refer to the entire set of guidebooks in *Bridges to Practice*, and the term “guidebook” is used to refer to each of the five guidebooks included in the series.



## Seizing the Opportunity!

### A Call to Action

Adults come to literacy programs for a variety of reasons: they want to get a job or a better job; they want to help their children with their schoolwork; or they want to be able to read a newspaper or write a letter. In essence, they want to improve their lives. Many of these adults may only consider approaching a literacy program for help when faced with serious personal embarrassment, struggles with friends and family, or the imminent loss of employment. It takes great courage to face these fears and take those first steps to walk through the doors of a literacy program.

Literacy programs may view the provision of services for adults with learning disabilities as a problem or an impossible challenge, especially when faced with limited financial resources, limited or poorly designed professional development experiences, and a shortage of personnel. However, there is no shortage of caring or commitment on the part of literacy practitioners. They know first-hand the joys and rewards felt by learners who have met their goals. Most literacy programs and practitioners will welcome and seize the opportunity to improve services for learners, provided they can identify the necessary resources and tools.

One challenge for literacy programs and practitioners is to change their views about learning disabilities and the impact of learning disabilities on the provision of services to learners. Literacy programs cannot overlook the fact that their learners' real-life responsibilities and obligations, combined with a real history of failure, embarrassment, and fear, shape a set of conditions that require a significant amount of staff planning and creativity. They must thoroughly understand the circumstances which shape their actions to develop high-impact programs.

### Shaping an Agenda

In 1994, the National Joint Committee on Learning Disabilities (NJCLD), an interdisciplinary consortia of organizations formed to review issues surrounding learning disabilities for educational and governmental agencies, identified the following eight issues that should be used to shape decisions about programming for adults with learning disabilities (National Joint Committee on Learning Disabilities, 1994):

1. Learning disabilities are both persistent and pervasive throughout an individual's life. The manifestations of the learning disability can be expected to change throughout the life span of the individual.

2. At present there is a paucity of appropriate diagnostic procedures for assessing and determining the status and needs of adults with learning disabilities. This situation has resulted in the misuse and misinterpretation of tests that have been designed for and standardized on younger people.
3. Older adolescents and adults with learning disabilities frequently are denied access to appropriate academic instruction, pre-vocational preparation, and career counseling necessary for the development of adult abilities and skills.
4. Few professionals have been adequately prepared to work with adults who demonstrate learning disabilities.
5. Employers frequently do not have the awareness of, or sensitivity to, the needs of adults with learning disabilities. Corporate as well as public and private agencies have been unaware of the issue, and therefore have failed to accept their responsibility to develop and implement programs for adults with learning disabilities.
6. Adults with learning disabilities may experience personal, social, and emotional difficulties that may affect their adaptation to life tasks. These difficulties may be an integral aspect of the learning disability, or may have resulted from past experiences with others unable or unwilling to accept, understand, or cope with the person's disabilities.
7. Advocacy efforts on behalf of adults with learning disabilities currently are inadequate.
8. Federal, state, and private funding agencies concerned with learning disabilities have not supported program development initiatives for adults with learning disabilities.

In addition to these concerns identified by the NJCLD, adults with learning disabilities are frequently viewed as not having *real* disabilities and, as a result, are often not given access to information about their civil rights and about how to become their own advocates for these rights. Consequently, they are denied the information they need to bring about change for themselves and to take control of their lives.

### An Agenda for Action

Improving the overall quality of how our society responds to adults with learning disabilities is a global issue which needs to be addressed by society in general. There are, however, unique responsibilities within the field

of adult literacy. The field must acknowledge that it has a significant history of inaction and that there has been an absence of information about effective services for adults with learning disabilities. With this acknowledgment, program leaders can make a commitment to take the first step in carrying out a new agenda for radically changing current practices in literacy programs. This opportunity to change the lives of millions of adults cannot be missed.

Every literacy program in America can embark on an aggressive campaign to develop high-quality, high-impact literacy services for adults with learning disabilities. To do this, every literacy program should make the following commitments:

- **Understand, use, and demand more research-based practices.** When research is not available to guide practice, literacy programs should demand that federal or state funding be provided to develop practice, and thoroughly test the practices on adults with learning disabilities.
- **Believe that they can improve all literacy services by improving services for adults with learning disabilities.** Practices for serving adults with learning disabilities are based on the idea of providing explicit and structured instruction while honoring and building on the perspectives, knowledge, skills, and experiences of the individual. The process of understanding and then trying to achieve this balance is at the very heart of offering LD-appropriate literacy services.
- **View all those in literacy programs as having a high probability for having learning disabilities.** Not everyone enrolled in literacy programs has learning disabilities. However, most adults with low literacy skills are likely to have learning disabilities. Many of these individuals will not seek formal diagnostic testing to confirm a learning disability. Instruction that is appropriate to learning disabilities—whether or not a learning disability is confirmed—should be the rule rather than the exception in literacy programs. In addition, literacy programs should continuously consider, at all phases of an adult’s participation in a program, whether confirmation of a *suspected* learning disability could provide civil rights protections that might have a positive impact on the adult’s success in life.
- **Make the improvement of LD-appropriate literacy programs a top priority.** To create changes that are required, programs need to

embrace policies and procedures that will ensure high-quality services for adults with learning disabilities. These policies include spending more time learning about learning disabilities, assessing learning problems, developing effective instructional plans, using high-quality instructional methods, and developing necessary community linkages.

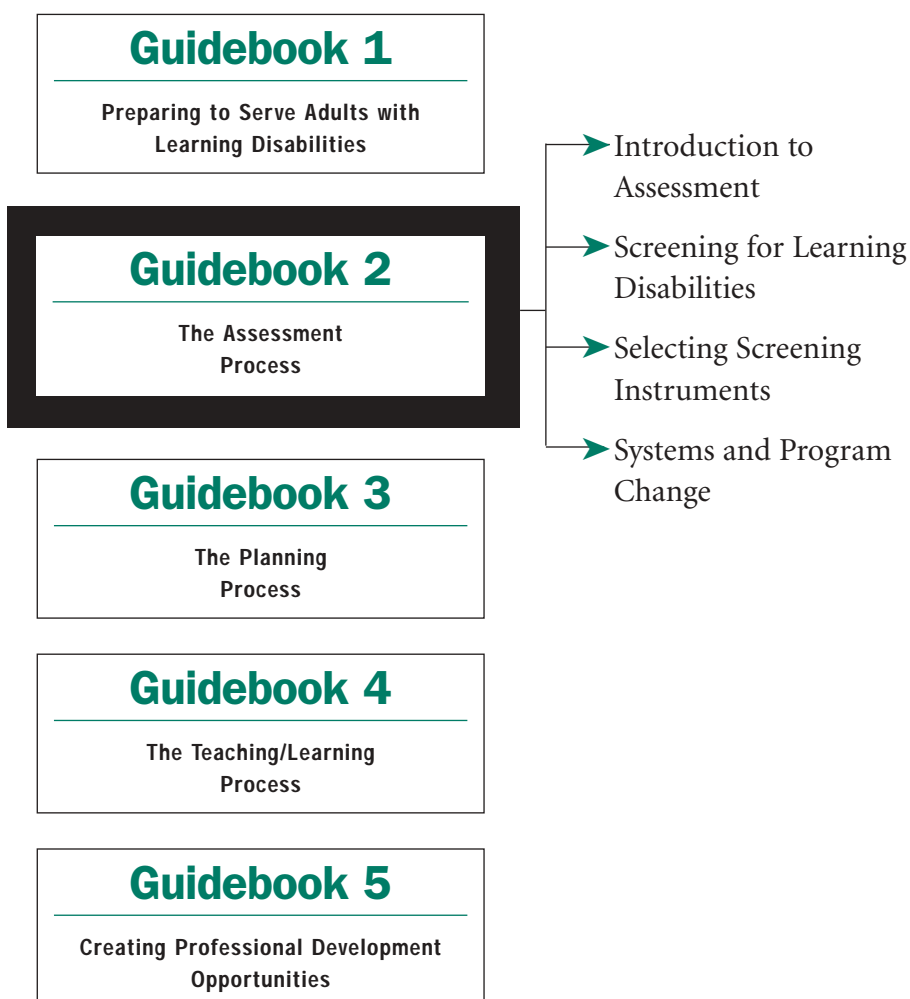
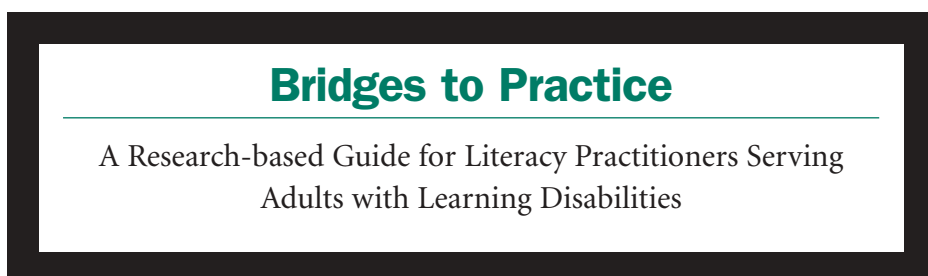
- **Enlist private and public organizations to help shape a new system of thinking about civil rights and develop policies and services related to learning disabilities.** Changing current practice in literacy programs is only part of the solution. If literacy programs try to do this alone, their efforts will always be inhibited by resources, time, and the problems associated with transferring new knowledge and skills into the real world. They must develop links to the community that will ensure adequate resources, support, and follow-up. By making these connections, literacy programs can ensure that adults with learning disabilities can continue to be successful, not only in literacy programs, but in life in general.

How practitioners think and interact with adults with learning disabilities affects the adults in many ways, such as their ability to learn or their self-perception, hopes, fears, and accomplishments. Adults with learning disabilities sometimes have few allies to stand by them and champion their cause. Literacy practitioners are among the few professionals that adults with learning disabilities can turn to for help fighting the battles that they face every day of their lives.

Although their resources are few and their numbers small, literacy practitioners possess the greatest asset of all—relentless courage. They have nothing to lose and everything to gain by accepting this call to action to help improve the lives of millions of adults with learning disabilities.

# Overview of *Guidebook 2: The Assessment Process*

This is the second of five guidebooks in the *Bridges to Practice* series. The purpose of the series is to help literacy programs and practitioners (teachers, tutors, volunteers, and program leaders) develop or improve services to adults with learning disabilities.



*Guidebook 2* is divided into four sections. The information included in these sections will help program staff to answer the following questions about assessment:

- How can literacy program staff ensure that assessment practices in adult literacy programs increase the success of adults with learning disabilities?
- When should assessment be done?
- What kinds of information should be collected?
- What additional assessment should be considered if program staff suspect that the adult may have a learning disability?
- How is screening different from diagnosis and when is each appropriate?
- What is “informed consent” and when must it be obtained?
- What screening instruments are available to literacy programs?
- How can literacy practitioners effectively select screening instruments?
- How can literacy practitioners effectively use screening results?
- How can literacy programs counsel the learner about screening results?
- How can literacy programs link the learner to community resources?

### Section 1: Introduction to Assessment

This section describes the steps in the assessment process: the intake interview, developing the instruction plan, instructing the learner, and then reviewing and evaluating the learner’s progress. Several useful forms for gathering information from the learner are presented.

### Section 2: Screening for Learning Disabilities

This section describes the many issues related to a literacy programming providing screening. The difference between screening and diagnostic testing is explored, as well as the difference between assessment for instructional purposes and for identification of possible learning disabilities. Some adults will want further diagnostic evaluations so the importance of community linkages is emphasized.

### Section 3: Selecting Screening Instruments

This section describes the differences in screening instruments and some of the problems with current screening instruments. An important part of this section is Standards for Selecting Screening Materials, a validated process created for this guidebook. From this effort, the report cards in Appendix B provide information on many popular screening instruments.

### Section 4: Systems and Program Change

This section presents information about how to promote program and systems change related to services for adults with learning disabilities. *Bridges to Practice* was field-tested to determine how it might stimulate literacy programs to begin developing and implementing plans to change practice associated with learning disabilities. Programs participating in the field test completed a needs assessment, and staff developed goals and plans to improve program services. *Bridges to Practice* was then modified based on data collected in the field test. That change process, as refined through the field test, is reflected in these guidebooks.

### Case Studies

Throughout this guidebook, there are case studies about Alex and Delia who were introduced in *Guidebook 1*. Their experiences in adult literacy programs are helpful in illustrating the practices described in these guidebooks. Because their needs vary, at a certain location there may be an example using either or both adults.





# Introduction to Assessment

Assessment is an ongoing process within an educational program. Virtually all adult literacy programs administer placement tests in academic skill areas to determine the level at which to begin instruction for each student. Throughout the instructional cycle, programs also conduct both formal and informal assessments of learner progress and mastery of content.

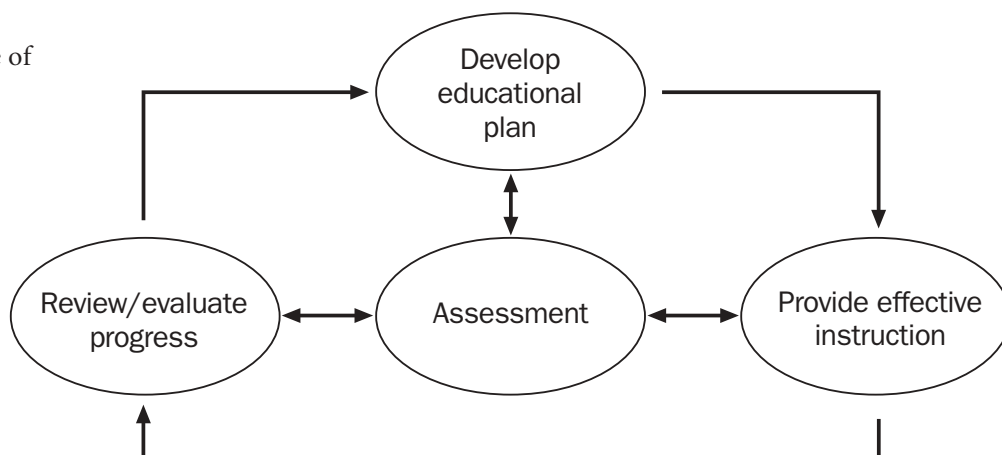
Assessment begins at the adult learner's initial point of contact with the literacy program. It ends only when the learner has achieved his or her goals, transitions to another program, or simply chooses to leave.

The primary purpose of assessment is to help shape program decisions. Because assessment is the collection of information about an individual learner, it is the centerpiece of the instructional cycle (see Figure 1.1). It provides the program, the practitioner, and the learner with the tools they need to make good decisions or to rethink previous decisions if the learner's progress seems too slow.

The use of assessment to help shape instructional decisions is an effective practice for any adult literacy program. For programs serving adults with learning disabilities, it is an essential component. Each adult learner presents a different set of challenges and opportunities based on his or her strengths, skills, needs, prior learning experiences, hopes and expectations, and the type or severity of any learning disability which may be present. This makes it essential that program staff, together with the

**FIGURE 1.1**

Assessment as the centerpiece of the instructional cycle.



adult learner, make the best possible instructional decisions at the appropriate points throughout the instructional cycle.

Different types of information about the learner are collected at the following various points throughout the instructional cycle: the intake phase, when the learner first enters the literacy program; the planning phase; instruction; and the review and evaluation phase. The following sections describe the types of information that may be collected during each phase.

## The Intake Phase

In many literacy programs, the initial information gathering is done during the intake process, which is typically conducted by a specially trained staff person. In some literacy programs, however, the practitioner (teacher, tutor, or volunteer) conducts the intake interview during the first meeting with the learner.

The staff member who conducts the intake interview should collect enough information about the learner to be able to answer the following questions:

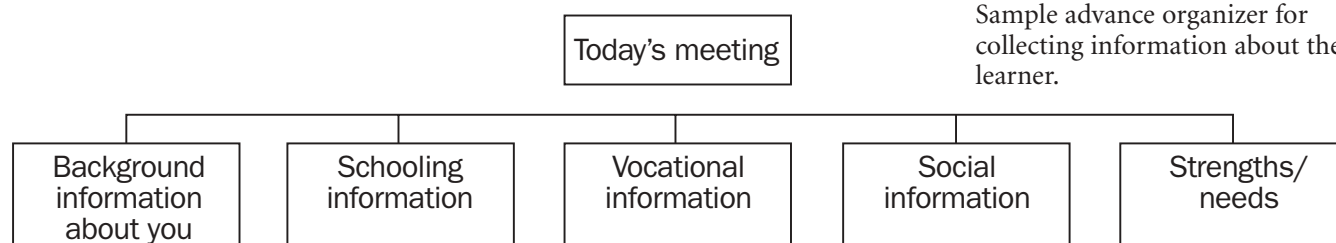
- Do the learner's goals and needs fall within the scope of services provided by the literacy program, or should the learner more appropriately be referred to another program, such as ESOL, employment readiness, or GED preparation?
- What appear to be the learner's instructional needs?
- What is the learner's educational and employment background?
- Has the learner self-disclosed that he or she has a learning disability?

Examples of the types of information that can be collected to help answer these questions relate to the learner's

- demographics (sex, age, ethnic group, geographic location, etc.)
- family
- previous education experience
- current job/employment history
- reasons for coming to the program
- vision or hearing acuity and use of eyeglasses or hearing aids
- strengths, talents, and abilities
- interests
- needs
- academic skill levels
- potential obstacle(s) to regular attendance, such as limited transportation or child care
- view of how he or she learns best.

This type of information can be gathered through a variety of sources, including informal discussion with the learner, use of standardized tests, use of informal assessment measures, and, if the opportunity presents itself, through interviews with the learner's family members, employers, or co-workers.

Before you begin to gather this information, however, it is important that you take the time to describe to the learner the types of information that will be collected during the intake interview, and explain why it is being collected. Sometimes it is helpful to use a graphic organizer, such as the one in Figure 1.2, to guide your discussion with the learner. The organizer provides a mental picture of the intake interview for the learner, as well as



**FIGURE 1.2**  
Sample advance organizer for collecting information about the learner.

the sequence of information to be gathered. If the learner is a beginning reader, you can use pictures instead of words in the graphic organizer.

Prior to the start of formal or informal testing to identify the learner's skill levels and strengths and to determine his or her needs, ask the learner about his or her strengths and challenges. Most adults, despite academic deficiencies, know a great deal about their own strengths and challenges, and can provide invaluable information about the ways they learn best. Adults with learning disabilities may have learned to rely on a mentor or a spouse, and therefore may have developed unique ways to compensate for or even take advantage of their learning disabilities. By involving the learner in the planning process, you are confirming that you value the learner's input. Figure 1.3 provides a handy form to record the learner's observations and comments. In the case of a beginning reader, you can read the form to the adult and record his or her answers.

**FIGURE 1.3**  
Strengths and challenges form to use during the intake interview.

Strengths and Challenges Form	
Directions: fill out the following form. You must provide a strength before you describe a challenge.	
Name:	Return this form on (date):
Strengths	Challenges

## Case Studies

### Gathering Information During the Intake Interview

#### ALEX

During Alex's initial intake interview with Joel, the literacy coordinator at the Community Learning Center, he explained that he was tested for learning disabilities in elementary school. He remembered receiving special education services throughout his school years, and thought that his mother probably still had the records from school.

Alex also said that he never really understood his learning disability, but remembers going to special classes and feeling dumb.

Alex is frustrated because he cannot read and write. He wants to improve his skills so that he can get a better job and help provide for his wife and family. He is about to become a father and is fearful that he will not be able to read to his child. During the discussion, Alex expressed that he always understood a subject in school whenever it was read to him. However, he also said that while he understood what was being read to him, he had a hard time remembering information later and it was too hard for him to try to follow along as someone else read.

Joel explained that it would be important to determine his current reading and writing skills. Alex completed a reading and writing placement test and then a follow-up appointment was scheduled. Joel asked him to bring in his reports regarding his learning disability, if available.

At the follow-up meeting, Joel introduced Alex to his tutor, Wilma. Together, Joel and Wilma reviewed the placement testing with Alex. Joel explained that Alex has significant difficulty with sounds and single word decoding. They discussed his trouble with breaking down words into syllables. “That’s true,” Alex said. “I either know a word or I don’t. If I don’t know it, I guess, but I never know if my guess is correct.” Because he is bright, he is able to guess at many words within context. However, because he can only decode a limited amount, he has limited his comprehension when he tries to read independently. Even with his guessing, he is able to obtain a reading score which is only at the end of grade 2 level.

During this follow-up meeting, Alex, Joel, and Wilma also reviewed the records brought in by Alex. These were not complete and Alex explained that his mother found only two things: a report which indicated that Alex had an average cognitive ability on an IQ test given to him in grade 6, and an Individualized Education Plan (IEP) from high school. The IEP included a listing of accommodations that had been implemented during his junior year: peer note-takers in class, oral exams, textbooks read to him, and/or taped texts. The IEP team had concluded, based on the diagnosis of learning disability, that accommodations would help Alex get through school and that programs to directly address Alex’s literacy needs would not help him meet graduation demands. Although the IEP indicated that accommodations had been provided for Alex, there was little evidence that Alex had been taught how to request accommodations or to use them appropriately.

Alex agreed to sign a release form so that the Community Learning Center can secure additional records from school. Joel will then contact his school to request previous testing information and plan to meet with Alex and Wilma again.

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## DELIA

During the initial intake interview, Joel, the literacy coordinator at the Community Learning Center, asked Delia about her education and work histories. Delia talked about dropping out of school in the 9th grade because she was increasingly frustrated. Bored, she felt like she simply “wasn’t getting it.” Delia reported that she had a lot of trouble spelling and didn’t like to write. She said she did not receive additional help for reading in school. Although she was well liked and had many friends, she continually fell behind in classes. The teacher seemed to always talk too fast, and Delia couldn’t keep up.

Delia reported that since leaving school she has had a few different jobs—many of them involved working with plants—but she is frustrated with doing the same things at work day after day. She is 47 now, and doesn’t want to leave her job, but she would like to be able to do some different tasks, which might include reading labels, writing reports, etc. She wants better opportunities at the nursery and she believes that this will be possible if she can improve her reading and writing skills.

Joel used Delia’s information to determine the tests and sample tasks to use for her placement testing. To assess Delia’s reading and writing skills, he selected materials that were the approximate skill levels at which he judged Delia able to perform, based on their discussion. The materials were also consistent with assessing performance relative to the types of reading and writing tasks Delia stated that she wanted to perform. Joel also kept in mind that Delia reported being frustrated by difficult literacy tasks, so he selected materials he knew were user-friendly in their implementation format and that would allow Delia to demonstrate both her strengths and weaknesses.

Delia took a reading placement test at the end of her initial intake interview. Results indicate that her sight-word reading ability is strong, and her word-attack skills are sufficient, although there are some problems noted in final digraphs. However, her comprehension skills are weak, and she has genuine difficulty with summarizing, sequencing, paraphrasing, and silent reading comprehension. She possesses basic knowledge about a variety of subjects, and answered concrete

questions at a higher reading level. Joel noted that, in oral readings, Delia frequently asked to have the directions repeated, especially those that involved multiple steps.

Joel asked Delia whether she had had her hearing and vision tested recently. “That’s funny,” Delia said, “my boss just asked me if I needed my hearing checked because I keep asking him to repeat things.” Delia said she had not had her vision or hearing tested in a long while and that she would be willing to have these assessments done locally. Joel gave Delia a list of places where she might be able to get free vision and hearing checks. Delia was able to get the vision and hearing screening tests done right away. Within a few days, she and Joel were able to have a follow-up meeting, and Delia was able to let him know that the vision and hearing tests did not indicate any problems.

Joel matched Delia with Jan, one of the program’s most experienced tutors. Jan is talented and has participated in almost all of the ongoing professional development workshops sponsored by the CLC over the past several years. Specifically, Jan has received special training and is experienced in providing highly structured, direct, and explicit multisensory reading instruction. Jan also shares some important interests with Delia, particularly her interest in gardening.

Jan and Joel discussed the preliminary information gathered about Delia through the intake and placement testing process. Joel made sure that Jan understood that they must continue to gather information and will probably need to continually examine Delia’s progress. He asked Jan to make observation notes about the tutoring sessions right from the outset, so that they can meet with Delia to discuss her reading progress and profile.

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## The Planning Phase

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Planning for instruction is a critical phase. To keep the learner interested, motivated, and regularly attending class or tutoring sessions, you need to ensure that the lesson content, materials, and structure of the instruction match the learner’s needs, interests, strengths, ability levels, and preferred ways of learning. For more information about planning for instruction, refer to *Guidebook 3: The Planning Process*.

Use the assessment/intake information gathered up to this point to answer the following questions:

- What is the best curriculum area for the learner to begin with?
- What are the learning goals and objectives?

- What should be taught in each unit and lesson?
- What materials are most appropriate for use with this adult?

## The Instruction Phase

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Some of the most valuable information about a learner comes from the practitioner's observations after instruction begins. It is here that the practitioner gains information needed to answer questions such as the following:

- What type of physical environment (lighting, noise, etc.) helps or hinders the learner?
- Does the learner need a lot of feedback, or is he or she comfortable working independently for short periods of time?
- What kinds of pacing does the learner need?
- How much reinforcement does the learner need to master a new skill?

For more information about the characteristics of adults with learning disabilities, refer to *Guidebook 1: Preparing to Serve Adults with Learning Disabilities*. For more information about effective instructional principles and teaching methods for adults with learning disabilities, refer to *Guidebook 4: The Teaching/Learning Process*.

## The Review and Evaluation Phase

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The review and evaluation of a learner's progress are done continuously throughout the instructional cycle. It is through both informal observation of the learner engaged in specific learning tasks as well as through more formal unit mastery tests that the practitioner can assess a learner's progress. During this stage of the instructional cycle, the practitioner and the learner gather information to help answer questions such as the following:

- How much progress is the learner making toward the stated learning goal?
- Which instructional strategies have worked best, and which need to be modified?
- Have any new needs arisen since the current instructional plan was put into place?
- What additional adaptations are needed in the educational plan or in instruction?



## Case Studies

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### Reviewing and Evaluating the Instructional Plan

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#### ALEX

When his school records arrived, Alex reconvened with Joel and Wilma to check his progress and review the records. The records clearly indicate that Alex had been diagnosed with a learning disability. Although Wilma is not an expert in learning disabilities, she is able to determine that Alex consistently has difficulty with word-attack skills and spelling, despite his average cognitive ability. According to the results of his school records, he showed performance characteristics that indicated that significant language processing problems were probably at the root of his reading problems. The report mentioned that dyslexia was suspected.

The school records help to confirm that structured reading instruction emphasizing the processing of language is appropriate for Alex. The records also indicate that the school had modified its instructional programs to include methods that would help Alex pay attention for longer periods and increase information processing. One teacher stated that she frequently had Alex say the word under his breath so that only he could hear the sounds while he used his finger to slide under each word part as he said it. She reported that this multisensory approach of saying the word, hearing the word, and physically responding gave him a strategy that he could use to sound out words when he was alone. Alex stated that he thought this approach helped him pay attention and think about what he was doing.

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#### DELIA

After Delia attends four instructional sessions, Joel and Jan meet to discuss several observations Jan had made about Delia's reading strengths and weaknesses. Her observations confirmed what was learned in the initial intake and placement testing. Additionally, Jan noted that Delia has significant problems in sequencing and recalling information. The memory problems appear to slow Delia's learning of information and procedures; she seems to have problems accurately recalling procedures she had practiced with Jan in previous sessions, although it appeared at the time that she had mastered these procedures.

Joel believes there are indications that Delia may have a learning disability. He bases his opinion primarily on observations made since

Delia first came to the CLC. Joel has participated in numerous workshops on learning disabilities, sponsored collaboratively with other literacy programs in the region, and has worked with the clinic at the local university to better understand how individuals with learning disabilities might process information differently from other adults. Although he does not consider himself an expert in learning disabilities, he has begun to feel confident in his ability to detect consistent patterns of behavior that might indicate the presence of a learning disability.

Based on previous experiences with adults with learning disabilities, Joel notes that, both in testing and in one-on-one tutoring, Delia demonstrates consistent difficulty with specific word-reading skills, and with particular comprehension strategies. However, she seems to have developed some word identification and comprehension skills quite well. Also, Delia appears to have difficulties remembering what she has been taught, and these difficulties appear to be impeding her learning of certain skills. Because of a recent vision and hearing check-up, Joel knows that neither hearing nor vision problems are responsible for Delia's performance. He knows that learning disabilities most often affect specific areas of performance, instead of general performance, but that repeated problems in specific areas can, over time, cause general performance problems. Joel also knows that difficulty with organizing and remembering information for later use is typically associated with the presence of learning disabilities.

Because CLC has been working on developing policies and resources over the last few years to improve services for adults with learning disabilities, Joel spent some time reviewing the program's resource library. He also decided to contact one of the professors at the local university who specializes in learning disabilities at the clinic that he visited. At the same time, he and Jan tried to determine how to improve Delia's experiences at the CLC. After discussing their concerns, and after Joel discussed Delia's concerns with the staff at the university clinic, Joel and Jan decided to meet with Delia to discuss her progress, their concerns, and what the next steps might include.

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# Screening for Learning Disabilities

Up to this point, the discussion has centered around assessment in general, *i.e.*, assessment for use in helping to shape good program decisions. In some cases, however, you and the learner may decide to use a screening instrument to determine the likelihood of a learning disability. A literacy program which considers the needs of persons with learning disabilities will also include the component of screening for learning disabilities.

It is important to note here that screening alone does *not* identify whether a person has learning disabilities. Screening is simply the first step in a much longer testing process. Results of LD screening are used by program staff to determine whether the learner should be referred for further testing which may lead to a diagnosis of learning disabilities.

## The Role of Screening

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In general, screening is done for a variety of reasons. For example, applicants for a driver's license must pass a vision screening test to determine whether their vision meets the requirements for being able to drive safely. More specific information about the person's vision, and how to correct impairments, would require testing by an optometrist or ophthalmologist.

Other screening instruments, such as academic screening tests, contain only a small sample of items from a variety of subjects (*e.g.*, reading, math, or spelling). Because the number of items is small, it does not take

a lot of time to do this kind of screening. However, the results of this kind of screening are inconclusive: they do not diagnose the learner's academic strengths and weaknesses in each skill area, but only give a rough estimate of the learner's overall skill levels.

Screening instruments, including those for learning disabilities, have most or all of the following characteristics. They are

- helpful in determining the need for further testing;
- inexpensive;
- quick to administer, score, and interpret;
- appropriate for large numbers of persons, and may sometimes be administered in a group setting;
- narrow in purpose;
- able to provide a superficial assessment of several areas, such as language, motor, or social skills; and
- usable without extensive training of staff.

#### VISION AND HEARING SCREENING

Many adults have vision and hearing problems. Therefore, many participants in literacy programs may have vision or hearing impairments; moreover, these impairments may have hitherto gone undetected. Adults who struggle to see printed material, frequently ask for statements to be repeated, or seem unable to engage in meaningful dialogue may actually have vision or hearing problems. Therefore, a first step in the assessment process for adults who are experiencing difficulty learning should be referral for vision and hearing screening. Literacy programs can network with community agencies such as Lions' Clubs and the Red Cross to ensure that adequate vision and hearing screenings are available to their learners free or at reduced cost.

## Screening Versus Diagnostic Testing

It is important to note here that screening is different from diagnostic testing. Screening results, by themselves, cannot determine the presence of learning disabilities. The results from screening are used by program staff and the learner to decide whether the learner should be referred for further testing with a diagnostic battery that could determine the presence of a learning disability. Screening for learning disabilities (1) is administered by literacy program staff, and (2) answers the question,

“Should this person be referred for further testing to determine if he or she has a learning disability?”

Diagnostic testing, on the other hand, must be conducted by a qualified professional, such as a psychologist, clinician, or educational diagnostician, who is licensed to administer psychoeducational batteries. One of the questions that diagnostic testing answers is, “Does this person have a learning disability?” Only diagnostic testing, and not LD screening, can answer this question. The professional who administers the diagnostic testing prepares a written report which indicates the nature of the learning disability and makes recommendations for further actions, including appropriate interventions for the learner to meet with success.

## Determining When to Screen

Screening can be administered at any time during the instructional cycle if the practitioner or the learner identifies the need. The practitioner’s direct observation of the learner during instruction is probably the best source of information about the learner’s likelihood of having a learning disability. However, program staff can elect to use an LD screening instrument to collect additional information about the learner. For a discussion of standards for selecting a screening instrument, refer to Section 3: Selecting Screening Instruments in this guidebook. For report cards on several screening instruments that have been evaluated in a double-blind review process using these standards, refer to Appendix B.

Literacy programs should have clear policies about screening for learning disabilities. For example, one option would be to conduct screening during the intake process for every adult who enters the program. The advantage of this policy is that you do not need to obtain the learners’ informed consent. It is only when a procedure such as screening is used selectively for some, but not all learners, that you must obtain informed consent before you can legally proceed. (For a discussion of the process for obtaining informed consent, refer to page 24 of this guidebook.)

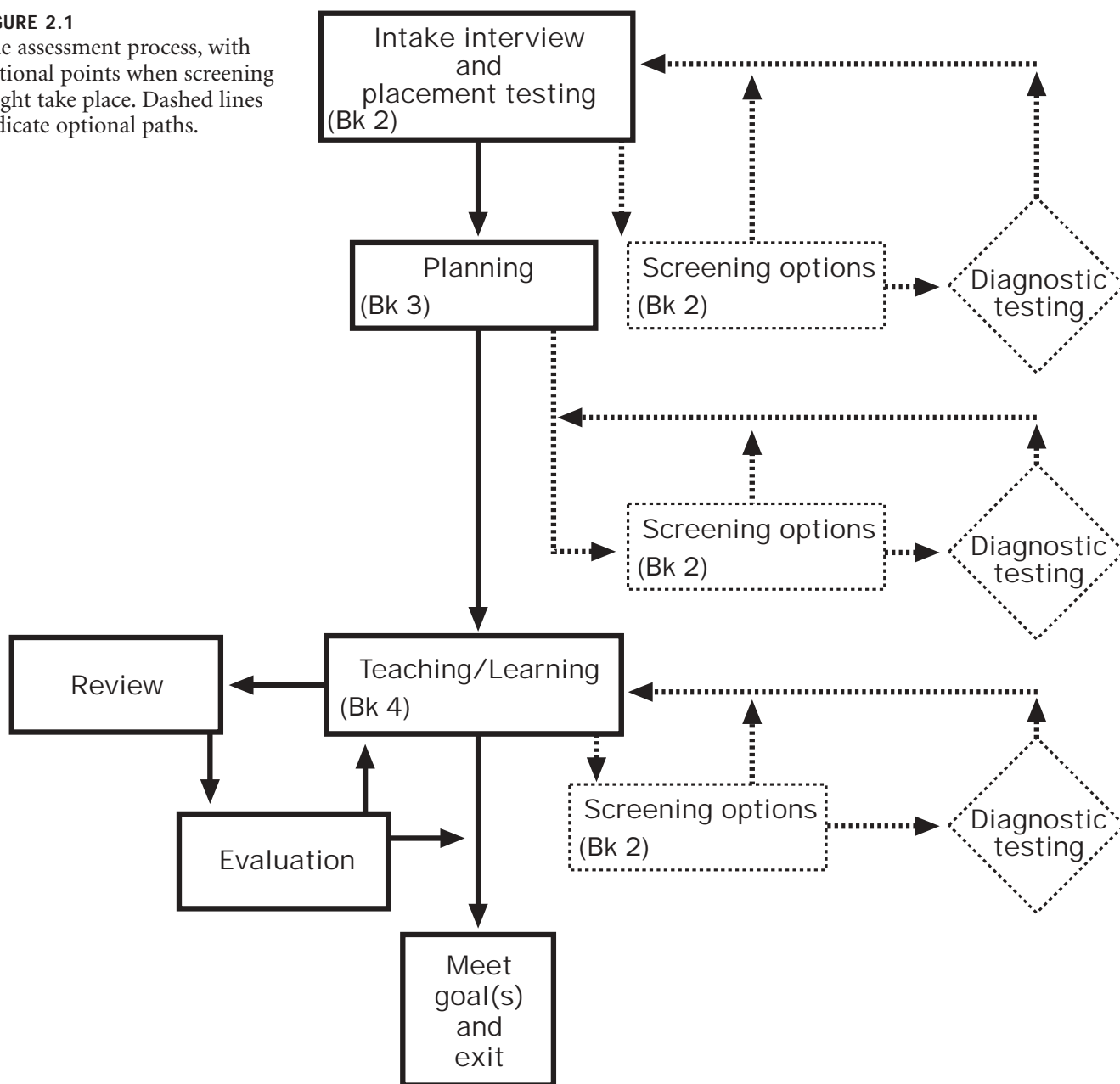
The disadvantage of conducting screening uniformly for all learners is that the procedure adds time to the intake process, although not everyone who enters an adult literacy program needs to be screened. Programs may find it more helpful to have the teacher or tutor work with learners first by observing each learner’s progress and then refer for screening only those persons who are not making the expected progress.

Because of the limitations of available staff time and resources, every literacy program needs to answer the question, “Should time, effort, and money go into further instruction, or further assessment?”

Screening can take place at various points in the instructional cycle, as shown in Figure 2.1.

**FIGURE 2.1**

The assessment process, with optional points when screening might take place. Dashed lines indicate optional paths.



## Obtaining an Official Diagnosis of Learning Disabilities

There are advantages and disadvantages to being officially diagnosed with a learning disability. The practitioner should review both sides of the issue with the learner before proceeding. Whether screening results indicate the possible presence of learning disabilities, or the adult requests that a diagnostic evaluation be conducted, the learner needs to understand the possible consequences of an official diagnosis.

### Advantages of an Official Diagnosis

The primary advantage of an official LD diagnosis is that the learner can obtain accommodations and protections necessary for success in instructional, work, and testing settings (e.g., entrance tests to postsecondary institutions, certification or licensure testing, or GED testing). Persons with diagnosed disabilities are entitled to protections against discrimination. In addition, they are eligible for special services and accommodations. These protections are established under federal laws, such as the Americans with Disabilities Act (PL 101-336) and Section 504 of the Rehabilitation Act (PL 93-112) and accompanying regulations. (For more information about these laws, refer to *Guidebook 1: Preparing to Serve Adults with Learning Disabilities*.)

The other advantages of an official diagnosis are not as concrete as obtaining accommodations, but are equally important. The learner can take great comfort and relief in knowing the basis of his or her learning or performance problems. The diagnosis helps the adult both understand his or her learning disabilities and determine the best ways to address them. Diagnostic information can be both a source of emotional support for the learner and a guide for making instructional or accommodation plans.

Finally, the learner can now identify the signs of learning disabilities in others. Because learning disabilities can be hereditary, watching for these possible signs in his or her children can be helpful.

### Disadvantages of an Official Diagnosis

There are two disadvantages of an official LD diagnosis. First, the cost of diagnostic testing can be prohibitive. Second, the diagnosis may not be worth the effort and resources required because it yields few positive consequences for the learner. In some literacy programs, an LD diagnosis may not change the services the adult receives in the literacy program,

and thus the diagnosis may not have an impact on the learner's personal or work life. Literacy programs often can help the learner meet with success by making instructional adaptations, even though there is not a documented learning disability.

## Sources of Diagnostic Services

Because few literacy programs have a psychologist on staff to conduct diagnostic evaluations for identification purposes, practitioners typically refer adults for services. Referrals can yield valuable results if the right professionals and agencies are involved. The learner most likely will depend on literacy program staff to provide specific recommendations about how and where to obtain a comprehensive evaluation for learning disabilities. Making a good referral requires knowledge of the community's resources.

An effective literacy program will identify professionals or agencies (such as public school systems, rehabilitative services, or mental health agencies) that can assist with a comprehensive evaluation. Depending on the age of the learner, *i.e.*, if the learner is under age 22, the schools have an obligation to evaluate persons with suspected learning disabilities. A vocational rehabilitation agency may be willing to accept a referral and conduct an evaluation for learning disabilities.

Within these agencies and systems, there are individuals who are qualified to complete an appropriate evaluation. There may be clinicians or licensed psychologists who work in counseling or in vocational rehabilitation. However, not all persons who are licensed to conduct the testing have sufficient information about adults with learning disabilities to make a diagnosis. Just as physicians specialize in particular areas of medicine, so do psychologists, and adults with learning disabilities is a specialized and emerging field. You should inquire about the evaluator's experience in the diagnosis of adults with learning disabilities before referring the learner for diagnosis.

You can assist both your program and your learners if you effectively communicate the information collected during the program's assessment process to the evaluator. It is a good idea to let the evaluator know the kind of information that would be helpful to you in providing literacy services. For example, literacy programs typically use a number of tests to indicate an adult's general achievement level. Therefore, additional general achievement information would not be needed. Diagnostic assessment of specific skills such as reading, writing, or math may be more helpful.



## The Screening Process

If your program elects not to uniformly screen for learning disabilities for all learners, then you need a process for determining whether and when to selectively screen specific learners. The steps in this process are represented in Figure 2.2 and discussed in further detail below.

FIGURE 2.2

### The Process for Determining Whether to Administer an LD Screening Instrument

1. Gather information about the learner	2. Review observations with the learner	3. Determine if the learner desires additional screening for LD	4. Select screening instrument	5. Obtain informed consent
	<ul style="list-style-type: none"> <li>Prepare summary and share with the learner</li> <li>Ask the learner to interpret</li> <li>Suggest options</li> <li>Explain the process</li> </ul>	<ul style="list-style-type: none"> <li>Provide assurance</li> <li>Discuss next steps</li> </ul>		

#### Step 1: Gather Information About the Learner

If you suspect a learner has a learning disability, you need to gather information, and the general rule is that more information is better than less. Look for the following possible characteristics:

##### LEARNER'S WORK HABITS

- refusal or reluctance to complete some tasks
- difficulty concentrating on tasks
- noticeable distraction caused by surrounding activity
- increasing frustration in completing tasks
- work turned in late
- difficulty following a sequence
- difficulty organizing work to get started
- inconsistent approaches to tasks

##### LEARNER'S WORK SAMPLES

- marked differences in the levels of achievement
- erratic error patterns
- trouble following the procedures of a specific task

**INFORMAL CONVERSATIONS WITH THE LEARNER**

- conversation breaks caused by misperceptions
- limited vocabulary
- inappropriate humor
- listening comprehension errors

**LEARNER'S COMMENTS OR QUESTIONS (EXAMPLES)**

- “My dad had trouble learning to read,” and
- “I’ve wondered for a long time if there might be something wrong with me.”

**MEDICAL HISTORIES THAT SUGGEST DEVELOPMENTAL DELAYS  
OR DYSFUNCTIONS**

- perceptual-motor problems
- use of medications to control attending behaviors
- health problems during the mother’s pregnancy or delivery

**OFFICIAL RECORDS RELATED TO DISABILITIES STATUS**

- assessment results from other schools or agencies
- individualized plans available from schools or agencies that can be obtained with the learner’s consent

Nearly all adult learners in a literacy program will have at least one of these characteristics. Therefore, you should not suspect the presence of learning disabilities if an adult displays only one or two of these characteristics. Instead, you should seek information in a number of different areas, not only to confirm your suspicions, but also to assist in planning the next steps. The time you spend collecting this information will be critical to further examination of your suspicion of learning disabilities. As you collect and examine the information, you should give yourself and the learner the benefit of the doubt. Look for disabilities, but be sensitive to information that would lead to a different conclusion.

**Step 2: Review Observations With the Learner**

You will want to review your collected information with the learner, and how you conduct that review is critical. Approach the discussion regarding your observations in a positive manner. Follow the guidelines below to ensure a successful review, which will provide the learner with important information and assistance for subsequent steps.

**SHARE INFORMATION, BUT DO NOT OFFER DIAGNOSIS OR LABELING.**

Tell the adult that you are not an expert in learning disabilities, but that you are concerned about all persons attending the program. State that you want everyone to be successful and, therefore, you want to share some information that you have collected. Have your information organized in a manner that helps you tell the story of your concerns. This organization may be chronological, according to content or skill areas, or it may be indicative of a performance pattern. Tell your story slowly. Allow time for the adult to consider the information. Be supportive. Do not offer a diagnosis or attempt to apply the label of “learning disabilities” to the adult.

**ASK THE ADULT LEARNER FOR AN INTERPRETATION.**

Your present goal is to obtain the clearest possible interpretation from the learner. This goal will require you to plan for a comfortable conversation. Posing the following questions to the learner may be helpful:

- Do you think this information is accurate?
- What do you think this information means?
- Why do you think     (skill)     is difficult for you?

**Step 3: Determine if the Learner Desires Additional Screening for Learning Disabilities**

An essential issue is whether the learner wants to pursue further screening or diagnostic testing for identification purposes. In your discussion with the learner, you might want to make some of the following points:

- Other learners have found information from screening valuable in helping understand their achievement, regardless of the results.
- Your interests are in helping, but any further action is the learner’s choice.
- The choice does not have to be made immediately.
- The choice does not affect participation in the literacy program.
- Costs for screening will not be charged to the learner.
- The decision can be changed at any time.

The preceding information is especially helpful when presented as a handout to be given to the adult. The adult will appreciate having a written record.

**Step 4: Select a Screening Instrument**

Literacy programs can use a screening instrument to determine the like-

likelihood that the adult has a learning disability. (For detailed information on selecting screening instruments, refer to page 29 of this guidebook.)

### Step 5: Obtain Informed Consent

If your program provides screening, you must obtain informed consent from the learner. Informed consent means that the learner knows what is going to happen, who will do the screening, and how the results will be used. Individual administrations of the screening require a signed consent form. The consent form should contain the following information:

- the name of the screening test(s)
- the interval of time for screening
- the purpose of screening
- who will see the results
- how the results will be used
- where the protocol forms will be stored and for how long
- the adult's signature and the date
- the program representative's signature

The learner should be given a copy of the informed consent form.

## Case Study

### Determining to Screen for Learning Disabilities

#### DELIA

In a meeting with Joel and Jan, Delia said she felt her tutoring was going “okay.” She said she liked her tutor. Joel noted that they had not been as helpful as they could be. He asked Delia if she would like to participate in some further testing that could help them identify how she might learn more easily. Joel and Jan explained that further testing could give them additional information about Delia, including the possibility of learning disabilities. They also explained that the presence of learning disabilities might explain some of Delia's recurring difficulties in learning in the past.

Joel explained to Delia that the CLC staff has developed a screening process that involves collecting a variety of information about what and how she learns. He explained that the CLC's screening process is really only a first step in collecting information, and that it will help them decide whether further diagnostic testing for confirming a learn-

ing disability is needed. Joel described the entire screening process to Delia: the types of information that will be collected, how the information will be collected, and which tests will be used. He reminded Delia that the screening process will only help clarify whether a learning disability *may* be present and will not confirm a learning disability.

Delia asked Joel whether the screening process might just be a waste of time. Joel explained to Delia that confirmation of a learning disability may ensure her access to specific accommodations at work. Also, he assured Delia that the screening process adopted by the CLC will provide information that will help them design better instruction, regardless of her decision to pursue further testing, or even if she pursues further testing and a learning disability is not confirmed. “Our goal,” explained Joel, “is to help you become more successful regardless of the outcomes of any test.”

Delia agreed to participate in the screening process. Joel gave her a consent form that the CLC developed in collaboration with other literacy programs in the area. Joel explained the information on the consent form to Delia and suggested she sign it only after asking any questions that she might have. Joel was careful to remind Delia that signing the consent form would not force her to participate in any screening activities, and that she could change her mind at any time.

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## Presenting the Screening Results to the Learner

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After you or your program have administered an LD screening instrument, you need to share the results with the learner. Screening results will yield a score or other information to indicate whether the adult should have further testing (diagnosis) for learning disabilities. The results of the screening might be used as follows.

### Step 1: Prepare a Summary of the Results

Prepare the results in a written format so the learner receives a copy of the results. Include information about the learner’s apparent strengths in the summary. These areas of strength are important contrasts to the areas of weakness.

If possible, the summary should contain other information available about the learner. This information might include other test results and examples of completed work, and would be supplemented by the results of screening. A pattern of performance on daily work or progress tests will be a more accurate indicator than results from a single screening measure.

## Step 2: Review the Results With the Learner

Schedule a time to confidentially review the results with the learner. It is important to maintain a positive tone for this conference. The most important outcome of this conference is that the adult has a better sense of his or her strengths and weaknesses. With that information, the learner will be able to make better decisions about how he or she learns.

Because many learners may have difficulty recalling information, especially test information, it is helpful to provide a brief, written summary of the discussion. Perhaps most important is making a connection between the screening results and the decisions for action; that is, the next steps for the learner.

The following is a sample summary statement for Frank, a learner who has reading difficulties.

### SCREENING RESULTS SUMMARY

The daily work and placement test results show learning and good progress in writing skills. We will continue our work with the curriculum.

The work in math shows steady improvement and Frank sees math as the most important area for working because of his current goals and job plans.

Reading progress is slow and is the reason for contacting the school district and requesting a comprehensive evaluation for possible learning disabilities. The reading-related score on the learning disabilities screening test was lower than the score in any other area tested. The screening test results are attached.

The school district contact person's name is (name) and her telephone number is (telephone). The signed consent form will allow us to exchange relevant educational information with (school district).

Provide the learner with two copies of the summary—a personal copy and a copy for the testing agency. The learner should sign a release of information form so that other relevant information also can be exchanged.

## Step 3: Discuss “Next Steps” With the Learner

Discuss what the results mean for the learner, in terms of both continued instruction in the program and possible additional evaluation. Before meeting with the learner, make sure you are thoroughly prepared, by knowing the options available to the adult and the community resources

and costs associated with your recommendations. Be prepared to answer any questions the learner may have about the referral process.

The following guidelines address three possible situations, or results of the screening process.

**SITUATION 1: SCREENING INDICATES A LEARNING DISABILITY—**

**REFERRAL FOR DIAGNOSIS IS MADE.**

If the screening shows the possibility of a learning disability, discuss the diagnostic process and use examples to explain the screening–diagnosis relationship. Refer to pages 16–17 of this guidebook for a discussion of the differences between screening and diagnostic testing.

Confirming learning disabilities requires a formal assessment process that will affect program practices, resources, and policies, as well as the learner’s self-perception. Each literacy program adopts its own referral process.

At this point, the learner needs to decide if she or he wants to pursue further evaluation. If so, then a referral for diagnostic testing can be made. With the documentation of the learner’s performance and the screening results, you can make a referral to another agency or to a professional who can complete the necessary comprehensive evaluation.

**SITUATION 2: SCREENING INDICATES A LEARNING DISABILITY—**

**REFERRAL FOR DIAGNOSIS IS NOT MADE.**

If the learner does not want to pursue further evaluation, you and the learner need to discuss how the evaluation results can be used in a positive way, for example, how the information collected can be used to modify instruction. Based on this discussion, you can set goals for improving the learner’s future academic progression.

**SITUATION 3: SCREENING RESULTS DO NOT INDICATE A LEARNING DISABILITY.**

If the screening results do not indicate a learning disability, follow the guidelines for Situation 2.

## Case Study

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### Presenting Screening Results to the Learner

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**DELIA**

Joel followed the procedures adopted by the CLC for screening for learning disabilities with Delia. The information was collected over several sessions, and Delia continued to receive instruction from Jan as part of the screening process. Joel, Jan, and Delia met to discuss

the results of the screening process to determine if there was enough evidence to pursue further testing by a psychologist to confirm or disconfirm a learning disability. The test results, in combination with the intake information, placement testing, Jan's observations, the results of trial teaching efforts, Delia's history, and the specific assessment information indicated the likelihood of a learning disability.

All sources indicated that Delia seemed to have skill deficits. The screening tests also demonstrated that Delia probably had problems performing relevant metacognitive tasks (that is, cognitive skills necessary to coordinate her own performance of specific skills). These metacognitive tasks included monitoring her word attack in words that contained final digraphs, accounting for important details for reading comprehension, and accurately recalling procedures she appeared to have mastered and committed to memory.

Delia, Joel, and Jan discussed options for next steps. They agreed that Jan would continue to focus on providing structured, explicit instruction to Delia. They also agreed to select a few skills at a time to work on intensively, including paying particular attention to how Delia performed them and how well she continued to use the skills. They also discussed the pros and cons of diagnosis. Joel told Delia that formal diagnosis could provide additional information related to instruction and give Delia certain legal rights in employment, education, and public access.

Delia decided against being referred for a formal diagnosis. She stated that she felt that she could make the kind of progress she needed by continuing to work with her tutor. Joel and Jan assured Delia that they could help her regardless of whether she wanted to seek formal diagnosis.

They provided Delia with the phone number and the name of a person that she could contact at a nearby community college resource program for students with disabilities. They explained that should Delia decide she wanted to know more about learning disabilities, including understanding what potentially having a learning disability might mean for her, the program had information and access to community resources Delia might desire. Some people, Joel explained, consider a learning disability to be negative much like a disease; others, however, recognize that learning disabilities are quite common and do not prevent accomplishment. "In fact," he continued, "with the rights and responsibilities appropriate to individuals with learning disabilities, some individuals become very positively empowered in education, work, and daily living."



# Selecting Screening Instruments

There are variations in the types of instruments that are available to literacy programs for screening for learning disabilities. The challenge is to sort through these alternatives and select the best screening instruments for your program.

Screening instruments can differ in format as well as quality. In terms of format, there are instruments that

- require answers to self-report questions;
- are based on observations by a third person;
- include an interview based on background information;
- require completion of a series of tasks; and
- use a combination of the approaches listed above.

Screening instruments differ in the tasks they pose; they also differ in quality. Some screening instruments have been developed with the idea that any instrument would be helpful. Although the developer's intention may have been good, the outcomes may not be helpful to the learner. A frequently occurring problem arises when a set of questions or tasks is collected and considered a "test"; that is, a set of observations recorded by an instructor is elevated to the status of providing an accurate measure about the learner.

Tests and screening instruments are expensive to create. For example, testing hundreds of people to create representative norms costs tens or hundreds of thousands of dollars. For this reason, test publishers want to make sure that there is a market for their product before they invest money in product development. There are many achievement tests because there is a large market for this type of test; school district personnel and parents want to know how well their students are doing. Special education departments legally need to administer more extensive diagnostic tests to identify students with learning disabilities. The result is dozens of diagnostic tests for school-age students.

However, there has not been a large market or a legal mandate for screening adults who have potential learning disabilities. For this reason, major test publishers have not developed screening tools for this market.

It is critical that screening tools be used appropriately. Important life decisions for adults should not be made based solely on informal checklists. Practitioners should not make decisions about the presence of learning disabilities and refer learners for comprehensive evaluations based only on the results of an informal, technically inadequate checklist.

## Standards for Evaluating Screening Instruments

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### Why Standards Are Necessary

The decision about selecting LD screening instruments should not be taken lightly. Literacy programs need to have a basis for evaluating and comparing screening instruments, whether they are the newest instruments reported in a journal or ones that were developed 25 years ago. To make that comparison, each program should consider the characteristics that it wants in screening instruments. Those characteristics might be administrative and include such features as the amount of time required for completion, scoring, and interpretation.

In addition to defining desirable characteristics, programs need to agree on a set of standards. Standards serve as guidelines for making decisions and are essential for a complete evaluation of screening instruments. For a method of evaluating screening instruments using these standards, refer to pages 45-48 of this guidebook. You will find a list of screening instruments and separate “report cards” for each, detailing information related to the standards, in Appendix B; these report cards will enable you to make an informed decision as to which screening instrument to use.

## How the Standards in *Bridges* Were Developed

The standards presented in *Bridges* were developed by practitioners in the fields of literacy and learning disabilities throughout the United States. When these providers and specialists were asked about important considerations for choosing screening instruments, they identified a number of different characteristics. From these characteristics, a list of ten standards was developed. The standards provide a means of comparing multiple screening instruments against a common framework.

## Ten Standards for Selecting Screening Materials

Standards related to making good decisions about choosing screening instruments are presented in brief below and then described in further detail in this section. The ten standards can be categorized as follows:

### ADMINISTRATION STANDARDS

1. The requirements for learning to use the screening material are reasonable.
2. Guidelines regarding whether to refer the individual for further testing are clear and reasonable.
3. The time required to conduct the screening procedures is reasonable.
4. The screening material allows accommodations for individuals with disabilities.

### TECHNICAL DEVELOPMENT STANDARDS

5. The screening material adequately represents the full range of characteristics associated with learning disabilities.
6. The screening material is consistent with what is currently known about learning disabilities.
7. The screening material reliably measures the individual's learning characteristics.
8. The screening material accurately predicts who may have a learning disability.
9. The screening material accurately predicts a learning disability regardless of a person's age, gender, race, ethnicity, or primary language.
10. Research supports the links between screening procedures and instructional materials.

The information provided about each standard should be used to evaluate each material considered for adoption as part of the screening process implemented by a literacy program. The following explanations also provide essential information for comparing the Report Card on Screening Materials. (Examples of completed report cards can be found in Appendix B.)

Standard 1. The requirements for learning to use the screening material are reasonable.

This standard concerns the procedures, length of time, and level of effort required to learn and become proficient with the materials.

Information in the material's manuals should help you evaluate how well the screening measure meets this standard. For example, the administration manual should describe the training experiences necessary to learn the correct usage of the screening procedure, including who should administer the screening, how to score and interpret the results, and how to report the results.

Determining what is a "reasonable" training time or requirement is relative to your program's goals, resources, and staff characteristics. As in the other standards, you are in the best position to know which standards are most important to you and the criteria for meeting the standard.

Standard 2. Guidelines regarding whether to refer the individual for further testing are clear and reasonable.

Learning disabilities screening is the first step in an assessment sequence that seeks to determine if a person has a learning disability. LD screening is like the vision screening procedure you might encounter when you take your driver's license test. When the vision screening is complete, you know whether additional testing is necessary; that is, you want the screening to let you know when further evaluation is warranted.

To apply this standard, examine the test manual's section on interpreting results. The administration manual should describe the steps and information you should consider in deciding whether to refer the individual for further assessment of a possible learning disability. This information might be a particular cutoff score, pattern of test scores, or responses to test items. For example, the results of a screening material might indicate that if a person earned a score of 60, or exhibited 7 characteristics out of a given list, a referral should be considered.

Standard 3. The time required to conduct the screening procedures is reasonable.

Both staff and adult learners are particularly concerned about the amount of time required to complete a screening. Therefore, this requirement must be examined from both the examiner's and learner's perspective.

To apply this standard, again examine the test's manuals. The administration manual should indicate the time required to administer the screening, and whether the screening is timed or untimed. For complex screening procedures, the manual may also provide information about the time required to score, record, and interpret the results.

Another important aspect of this standard is whether the procedure can be administered in a group format, which makes the testing more efficient. If information can be collected for a number of students with a minimal increase in the examiner's time requirements, this efficiency furthers the importance of the standard.

For the time requirements to be reasonable, one could expect that the procedures yield accurate and useful information, considering the amount of time required by participants and the examiner.

Standard 4. The screening material allows accommodations for individuals with disabilities.

Some of the persons screened may already have an identified disability, for example, low vision, physical disability, or psychiatric disability. To get an accurate screening for learning disabilities, some accommodations may be necessary.

To apply this standard, examine the test's manuals, which may include information about modifications that are permitted in administering the instrument in the way the adult completes it. For example, some accommodations may include extended time, or oral instead of a written protocol.

Standard 5. The screening material adequately represents the full range of characteristics associated with learning disabilities.

Learning disability is a term that describes a condition with specific manifestations. For example, one type of learning disability is difficulty in word recognition; that is, limited ability to recognize printed words presented in a list rapidly and accurately. A learning disability may also

manifest itself in math calculations, mathematical reasoning, written and oral expression, listening comprehension, or reading comprehension. This standard indicates the importance of screening for these different types of manifested learning disabilities.

To apply this standard, again examine the test manuals, the technical manual, or other documentation that reports the characteristics of learning disabilities addressed in the screening procedure. Some examples are reading, math, social, oral or written expression, listening comprehension, vocational, or psychological abilities. These characteristics may be grouped into domains or areas, such as study effort, task perseverance, problem solving, social perception, or estimating answers.

Another good way to determine the assessed learning disabilities characteristics is to review the test items or the groups of scores calculated from the material. The information about learning disabilities included in *Guidebook 1* will assist you in understanding the range of learning disabilities characteristics.

Is it better to screen for the full range of learning disabilities in a mediocre manner, or to do an excellent job of screening for one specific type of learning disability? The answer to this question is not simple and depends on the consequences of screening, available resources, and options available. In general, use the best screening devices that you can identify for each area in which you suspect a significant learning problem. Screening materials that assess the full range of learning disabilities typically try to do too much compared to those materials that screen for a few types of learning disabilities.

The more narrow the screening content, the less likely that you will want to use it with all participants, such as during their initial entry into the program. For screening tests that examine a few areas, the program will need a process or series of steps for identifying who should receive that particular screening.

For example, if a screening measure is focused on reading, it should include content on the several components of reading. Such a measure, however, would provide little relevant information if the disability area is written expression or math calculation. The program would need a means of sorting who would complete which screening measure.

Standard 6. The screening procedure is consistent with what is currently known about learning disabilities.

This standard complements Standard 5 and emphasizes whether the content of the test is consistent with current explanations or theories of

learning disabilities. The theories about learning disabilities have changed over time; therefore, assessments for learning disabilities should reflect those changes.

To apply this standard, review the test's manuals. Technical materials should provide the theoretical basis for developing the screening. These perspectives might be based on particular scientific or educational explanations of learning disabilities, such as neuropsychological, developmental, behavioral, ecological, and biochemical theories.

Many items in “homemade” screening materials are based on the test author's experiences over a period of time. A problem with this development plan is that the author or authors may work only with a limited range of the numerous individuals with learning disabilities. Developing a screening material based on such limited experiences can be misleading.

Be aware that a recent copyright date is not a sign that the screening procedure is based on current information about learning disabilities. A “new” test can still be based on dated notions of learning disabilities.

When you apply Standards 7, 8, 9, and 10, be sure that the persons for whom the screening material was originally developed and tested have similar characteristics to the persons you are likely to serve. For example, a screening material that was developed for college students most likely is not useful for persons trying to earn a GED diploma.

**Standard 7.** The screening material reliably measures the individual's learning characteristics.

This standard concerns the reliability of scores. You can also think of reliability as the precision or accuracy with which a score represents a person. When you take a test, you hope that the score accurately measures what you feel, know, think, or do. At the same time, you know that the test score may differ depending on your mood, the particular test form you took, or the examiner who scored it. Variations in one's score due to these factors are called “errors of measurement.” These errors reduce the reliability of the score and, consequently, our confidence in the interpretation of the test score. Examples of interpretations include: likely to pass the GED Tests, pass or fail a class, should or should not be referred for further learning disabilities assessment, and so on.

Do not ignore the importance of reliable scores. As an advocate for the learners with whom you work, you have a right to know how much confidence you and the learner should have in the decisions you will make based on the test's scores.

Refer to Appendix C for additional specific information regarding reliability of scores, the types of reliability, and Standard Error of Measurement (SEM).

Standard 8. The screening material accurately predicts who may have a learning disability.

Screening procedures are designed for one primary purpose: to predict a particular outcome. The tuberculosis (TB) skin test is used widely because it does a good job of predicting who may have TB. In this standard, the emphasis is on the information that supports the use of the screening procedure for predicting who may or may not have a learning disability. This predictive value is one type of validity information.

To apply this standard, examine the test's manuals or published articles about the screening material. The manual should include information about validation studies. Additional information about the validity of a test score is included in Appendix D and will give you a broader understanding of a score's validity for accurately predicting learning disabilities.

Standard 9. The screening material accurately predicts a learning disability regardless of age, gender, race, ethnicity, or primary language.

In the preceding standard regarding predictive accuracy, all participants were treated as an analogous, or uniform, group. However, participants in literacy programs are distinguished by many characteristics, such as age, gender, race, language fluency, educational background, value systems, and ethnicity. Some of these characteristics may significantly influence how well a particular screening procedure works. For example, age or language differences might account for participants' answers to some test items. If these characteristics have an influence on the responses, the test score may be biased, and decisions based on those scores are more likely also to be biased. A screening procedure should include information about how a test was developed to minimize possible test score bias.

Standard 10. Research supports the links between screening procedures and instructional materials.

Screening materials have one primary function, which is to indicate the likelihood that a person has a learning disability. Persons with a greater likelihood of learning disabilities would be referred for an evaluation. Some screening procedures also offer information that might help plan an intervention or select instructional materials. These recommendations are based on the participant's score or pattern of scores.



If recommendations or even suggestions are based on a particular score, the tester and participant should have some assurance that the recommendation is substantiated by evidence. Just as you would want to know that the medication a doctor prescribes is appropriate for a given condition, the same assurance should be available for educational recommendations.

This assurance can come in the form of additional validation activities. Previous standards have indicated the need for validity evidence that supports the prediction of a learning disability and that the results are not biased for a particular group. To support the recommendation for a particular material, accommodation, intervention, or procedure, validity coefficients should indicate that the predictions are accurate. In other words, validity information should show that the screening test results can accurately predict which intervention, material, or procedure is better. Without that kind of information, the recommendations should be treated with extreme caution.

If the information is available, it will be stated in the test manual or other supporting documents. As in other predictive validation activities, the validity coefficient will vary from -1.00 to +1.00. The closer the coefficient is to 1.00, the more accurate the results.

## Other Considerations in Evaluating Screening Materials

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In addition to the ten standards, other factors may be part of the decision. These influences may include such items as the initial cost of the screening material, the cost per learner, and whether foreign language versions or alternate forms are available. These considerations are unique to each program and are best decided by the program staff.

## Case Study

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### Choosing a Screening Instrument

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#### DELIA

The screening process adopted by the CLC was designed to provide screening information for learning disabilities across a variety of areas. The staff had reviewed a variety of instruments and had completed some report cards to determine which instruments might work best in their program.

One of the tests that the CLC had used for several years seemed to be reliable, and program staff thought they would continue to use this test as part of their screening process. Although Joel was confident that the screening tool was appropriate for their program, his staff decided to complete a report card on it. They made a copy of the blank report card, and collected the information on each standard in a few afternoon meetings.

The requirements for learning to use the instrument were easily satisfied because staff had been using the instrument for some time. Joel was familiar with the test items and testing procedures, and had practice administering the screening (Standard 1). He checked the administration guidelines to be sure that he had been administering the screening instrument correctly, and he decided the time required was feasible (Standard 3). The test did not offer guidelines for deciding when to refer an individual for further testing, so Joel suggested to his staff that they should collaboratively interpret the results of this test to determine how strongly this test suggested a learning disability (Standard 2).

When the CLC screening process was being developed, not many of the staff members were comfortable with their knowledge about learning disabilities. Joel did three things to determine how well the instrument they were considering satisfied Standard 6. First, he asked the head of the university evaluation clinic, who was experienced in testing for learning disabilities, if she thought the test addressed aspects of reading that should be considered in screening for a reading-related learning disability. She thought it was an appropriate test.

Second, Joel contacted the publisher of the test. The publisher told him that “the test had not been designed as an LD screening tool nor had it been normed with a population with learning disabilities. However, it is widely used in adult literacy programs that surely include many adults with learning disabilities.” This was information that Joel had not wanted to hear, and he realized that there was no firm evidence that the test was appropriate for screening for learning disabilities.

Third, he contacted other literacy program coordinators in his area and asked them if they thought the test was useful in screening for learning disabilities related to reading. Two of the coordinators of local literacy programs who used the test said they thought it provided valuable information, but they supplemented the test with other sources

of information that might provide additional information about possible learning disabilities. With all this information in mind, Joel explained the pros and cons of using the instrument to his staff. Collectively, they decided they would not rule out use of the instrument based on Standard 6.

When the CLC staff began to evaluate the instrument based on Standard 7, they considered dropping the report card in the trash and using the test anyway. Everyone really liked the test, and was ready to go with it, regardless of its shortcomings. However, they decided to forge ahead because they agreed that the information gleaned from the instrument would be used to make important decisions that would affect the life of adults they served. To help his staff, Joel volunteered to take the time to read the information in Appendix D: Reliability and Validity in this guidebook and report back to the staff.

The first thing that Joel discovered was that it did not take long to determine the reliability and validity of the test if he completed each step as he read how to do it. Actually going through the process helped him understand more about what he was looking for. Despite the fact that he never felt like he really knew what he was looking for, he found a test-retest reliability score that *Bridges* told him was reasonable. Other reliability information was missing.

Because the test was not specifically designed as a screening tool for learning disabilities, Joel knew he would not find a predictive score for its ability to predict who may have a learning disability (Standard 8). However, he did find that the test had a good predictive score for identifying significant reading problems. He also found information in the test manual that indicated that the test had been normed with populations from various geographic regions and ethnic backgrounds (Standard 9). Because his staff was interested in these areas, he felt that the test met some of the conditions that were important for their program.

When reviewing Standard 9 on the report card, Joel realized that he had never checked the test manual to confirm the publisher's assurance that the test was appropriate for adults. By looking in the manual, he found the test had been normed with adults younger than most of the adults they were serving in the CLC. Also, there was not a breakdown indicating how many women had been included in the norming sample. Thus, the only validity coefficient Joel could find was for age. He found that the test had a

predictive validity coefficient of .62 for young adults. Although it would have been better if the norming population included adults closer to the age of the adults served in the program, Joel thought it might be acceptable to use this test because it was one of the few tests that he had seen that had been normed on *some* adults. He knew from reading this guidebook that .62 was a reasonable coefficient, even though it was possible to get a score as high as 1.00. No item bias was presented.

Joel met with the staff and shared what he had found in the test manual regarding Standards 7, 8, and 9. The staff was surprised at how much information was missing, but agreed that it might be the best test they could find for their program. The staff continued to review the information on the test. The test materials only offered broad suggestions for instruction (Standard 10). The staff found no information on how the results of the test could be tied to instructional decisions. Joel stated that it was likely that individuals with educational expertise had developed the test, so they could probably trust the general instructional tips provided in the manual. However, the staff agreed that it would be up to them to identify the most appropriate instructional practices.

Joel and his staff reviewed the information he found for each standard. They commented that they had never considered a test so carefully before. One of the CLC staff stated that she wondered if there might be better instruments available. Joel stated that he realized that the publishers did not provide him with a lot of the technical information that the report cards indicated was important. As a staff, they realized that they needed to be more discriminating of the tests they used, and they would have to combine their best judgement with the little information they could find. Ultimately, they decided that they could use this test. They decided that the test satisfied the standards well enough overall for them to have some confidence in its results. However, they also decided they would have to supplement it with additional components to create a screening process that would provide enough information to help adults make decisions about seeking confirmation of a learning disability.

After reviewing the information on the report card, they decided to supplement the screening instrument with some other types of assessment procedures that they thought would provide helpful information. Since the instrument only covered one area related

to learning disabilities, reading, they thought additional measures might be useful (Standard 5). They reviewed the set of completed report cards on screening instruments provided at the end of this guidebook and selected another instrument that would not take too long, but seemed like it might provide information not available from any other source.

The staff agreed that they would use these different types of assessments whenever they suspected a learning disability. They also agreed that all the information they collected about an adult as they participated in the program should be considered in the screening process.

Since the CLC staff had carefully considered their approach to screening, Joel felt fairly confident that he would be able to collect the information to help Delia make a decision about pursuing additional diagnostic testing. The screening process adopted by the CLC started with an interview of Delia followed by completion of some informal measures of performance. Delia was also asked to write five sentences about a topic. Jan, the tutor who had been working with Delia, was asked to fill out a checklist based on characteristics of individuals with learning disabilities.

Although Joel was confident that the screening tool adopted by the CLC was appropriate to use with Delia, he decided to review the report card to be sure. He quickly confirmed that the instrument met Standards 1, 2, and 3. Delia had no known disabilities, so the coordinator knew it would be alright to use the test despite the fact that it offered no guidelines for use with individuals with disabilities (Standard 4). Before beginning the test, Joel asked Delia if she wore glasses or contacts, or used any devices for hearing. Despite their earlier conversations that directed Delia to a hearing screening, the coordinator just wanted to be sure. He also asked Delia about potential test anxiety, and she stated that she was not anxious about taking tests.

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## The Selected Screening Instruments

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A completed Report Card on Screening Materials for each of the screening instruments listed on pages 43-44 can be found in Appendix B. The report card provides a summary of the information available. Undoubtedly, there are other screening instruments available now that were not available at the time of this review or have subsequently become

available. For that reason, carefully consider these findings as tentative until you can confirm that the reported findings still apply. Instruments that are not appropriate for screening for learning disabilities in adults are listed in Appendix C.

SCREENING MATERIAL	PUBLISHER
Academic Attribute Survey 2 Cost: None	California Community College 1107 9th Street Sacramento, CA 95814 Phone: (916) 324-2357
Bringing Literacy Within Reach: Identifying and Teaching Adults with LD Cost: \$25.00	Learning Disabilities Association of Canada 323 Chapel Street, Suite 200 Ottawa, ON, Canada, K1N7Z2 Phone: (613) 238-5721 Fax: (613) 235-6391
Cooper Screening of Information Processing Cost: Video \$15.00 Screening Instrument: none	Learning Disabilities Resources P.O. Box 716 Bryn Mawr, PA 19010 Phone: (800) 869-8336 Fax: (610) 446-6129
Diagnostic Assessment of Reading with Trial Teaching Strategies (DARTTS) Cost: \$190.50	Riverside Publishing Co. 425 Spring Lake Drive Itasca, IL 60143 Phone: (800) 323-9540 Fax: (630) 467-7192
Dyslexia Screening Instrument Cost: \$69.50	The Psychological Corporation 555 Academic Court San Antonio, TX 78204-2498 Phone: (800) 228-0752 Fax: (800) 232-1223
Jordan Prescriptive Tutorial Reading Program Cost: \$79.00	Pro-Ed 8700 Shoal Creek Blvd. Austin, TX 78757-6897 Phone: (512) 451-3246 Fax: (512) 451-8542 Fax: (800) 397-7633 (orders only)
Koller Adolescent and Adult Behavior Scale, Revised Cost: Forms: \$2.00 Manual: \$7.00	Dept. of Education & Counseling Psychology University of Missouri-Columbia 16 Hill Hall Columbia, MO 65211 Phone: (573) 882-5096 Fax: (573) 884-5989

**SCREENING MATERIAL****PUBLISHER**

Mississippi Assessment  
Technique for Identifying LD in  
Adults Enrolled in ABE Programs  
(MATILDA)

Cost: None

The University of Southern  
Mississippi  
Southern Station Box 5154  
Hattiesburg, MS 39406  
Phone: (601) 266-4621  
Fax: (601) 266-5141

Payne Learning Needs Inventory

Cost: None

Payne & Associates  
205 Lilly Road, NE  
Bldg. B, Suite A  
Olympia, WA 98506-5070  
Phone: (360) 491-7600  
Fax: (360) 491-0196

Phoenix Specific LD Quick Screen  
for Adults

Cost: \$3.00

William Butler  
P.O. Box 32611  
Phoenix, AZ 85064-2611

PowerPath to Adult Basic Learning

Cost: Starter Kit: \$2,495  
100 Consumables: \$395

The TLP Group  
P.O. Box 1235  
Columbus, OH 43216-1235  
Phone: (800) 641-3532  
Fax: (614) 481-7989

Screening Test for Adults with  
Learning Difficulties (STALD)

Cost: None

Texas Center for Adult Literacy  
and Learning

*No longer available*

Slingerland High School Level  
Screening (or the ID of Language-  
Learning Strengths and  
Weaknesses)  
ISBN: 0-8388-2282

Cost: \$11.95-\$15.95

Educators Publishing Service  
31 Smith Place  
Cambridge, MA 02138  
Phone: (800) 225-5750  
Fax: (617) 547-0412

Strengths and Limitations  
Inventory: Vocational

Cost: None

University of Alabama-Birmingham  
901 S. 13th Street, Room 214  
Birmingham, AL 35294  
Phone: (205) 934-3440  
Fax: (205) 975-7581



## Evaluation Process for Screening Instruments

The following steps are useful for making decisions about which learning disabilities screening instruments will be useful for your program. Implicit in these steps is the assumption that you are familiar with the ten standards for evaluating the LD screening instruments you want to consider, and that you have a working knowledge of the report cards.

### Step 1: Set Program Priorities

The ten standards are not ranked in order of importance because the standards that are important in your literacy program may differ from those in another program. Therefore, you should determine which standards are most important to your program. Many programs find that the standards that apply to the quality of the instrument are more important than the standards related to administrative issues, training requirements, or time requirements. However, an instrument that does not fit within the time available to staff will not work, regardless of its excellent reliability or attention to minimizing biased items.

A useful activity for determining your program's priorities is to describe the features you believe are important in an LD screening instrument. These features may or may not be represented in the standards. For example, you may decide that you do not have the time or sufficient information to complete an observational checklist of learning disability screening behaviors. Knowing such information will help narrow the possible choices.

In addition, if your program chooses to screen all new learners, you will need to be particularly sensitive to time and administration requirements. A group-administered instrument may be a realistic choice when staff time is limited and a number of adults enter the program at the same time.

### Step 2: Review Screening Instrument Report Cards

The report cards provide a structure for applying the standards to various screening instruments. They also help you organize the information that you gather. Once that information is organized, it is easier to compare instruments. Allow yourself adequate time to review the standards and the report cards. The first few times that you complete a review, the lack of familiarity will likely slow you down. With practice, you will be more aware of the specific information needed and where you are likely to find it.

The report cards include spaces for recording

- the title of the test,
- pertinent information about the author(s) and publisher,
- format and setting information,
- summaries of all the standards,
- cues to guide you in your search for information, and
- your findings.

You will find a blank report card in Appendix A. In addition to the blank form, a list of the instruments and the evaluation of each can be found in Appendix B.

### Step 3: Gather Information About the Screening Instrument

To apply the standards, you need several pieces of information. The review will proceed more easily if you gather this information before you get started. You will need a copy of the blank report card, a copy of the test directions, the test protocol or answer sheet, and all the information you have about the screening instrument you will evaluate. This information includes

- test administration manuals;
- technical development manuals providing information on item development, standardization, norming, validation, and criteria-setting;
- technical reports; and
- published test reviews from professional journals.

One other source to consider is your colleagues. Colleagues who have used the screening instrument have the practical experience that can substantiate the claims made by the publisher or author.

A completed protocol or answer sheet showing how the instrument was used can be helpful as well. For this reason, taking the test yourself or trying it out on someone can be useful. This experience will also help you interpret the information provided in the test manual or other technical reports.

You may be able to obtain a free copy of the test for review by writing or calling the publisher. Some publishers provide instruments for a period of time so that they can be reviewed. Even if a free copy is not available,

you may be able to purchase a specimen set that includes many of the test instruments.

Some of the information required for evaluating an instrument may not be available in a manual, and at that point, you will need to decide the importance of that standard to your decisions.

#### Step 4: Develop Conclusions

Discuss your findings with your colleagues. Be tentative about conclusions until all information has been collected. If other staff have also evaluated instruments using the report card, share the results.

You should consider adopting an instrument only if it meets your minimum standards. The best screening instrument is not necessarily the one that meets the most standards. Refer to the program priorities that you set in Step 1 when you are forming your conclusions. For example, if a screening instrument meets many, or even most, of the standards, but has no information about its norm group, you may want to consider an alternative.

#### Step 5: Make Your Selection

Once you have several instruments that warrant further consideration, compare them on the different standards as well as on other considerations that are important for your literacy program. Such considerations include training costs, purchase price, cost per adult, ease of use, and availability.

You may find that you lack sufficient information for making a decision. In that case, do not decide yet! Gather more information.

#### Step 6: Use the Instrument

Integrate the screening instrument into your program's practices and procedures. This integration will require some attention to the details of deciding when and how to use the test and which adults are to be tested.

Experience tells us that changes occur in programs when learning disability screening is conducted. You will find that staff development training with all instructors is helpful; they will become better consumers of the screening information if they are given an overview of the instrument's content and how the results are to be used. Along those lines, staff development activities should clearly outline the limitations of screening to avoid over-interpretation of the results.

### Step 7: Get Feedback From Your Staff

You are not likely to get a “money-back-if-not-satisfied” guarantee with your screening instrument. However, this should not stop you from reviewing your choice after a few months and deciding how well it is working for you.

In some situations, you may discover that the instrument is not as accurate as you had hoped. Perhaps the results are helpful, but program staff are having trouble using the instrument, or the procedures need to be changed for deciding who is to be screened. You may have selected the “right” screening instrument, but your program does not have the procedures or practices in place to use it efficiently.

Set a time limit (*e.g.*, 3 months) for using the instrument, and then have the staff review how satisfied they are with it. Instead of a time limit, you may elect to screen a specified number of adults and then have a review. A review process should be created so that program staff can work through any problems that arise.

## Frequently Asked Questions About the Selection Process

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How will using these standards improve our program?

We always use standards when evaluating something, but we may not always use the correct standards, and we may not always apply them consistently. By applying these standards, you will be consistently evaluating practices against their most important criteria.

Why should we use these standards?

These standards have been identified by adult educators as the most important to consider when selecting practices that will best serve the needs of adult learners with learning disabilities and their literacy educators. They are appropriate to use for all learners, whether or not they have learning disabilities.

What if the instrument doesn’t meet the standard?

An instrument may not meet a standard. In this case, write that information on the report card. Be sure that you have checked all of the resources you can locate and that you have reviewed everything carefully.

What if I can't find the information?

If you can't find the information, note it on the report card.

Can I use information that partially answers the standards?

Yes. We often have to compromise and accept information that only hints at how well an instrument meets standards. If that is the best information you can find, write it down. Be sure to word it in such a way that you are clear it is not the information you were really after.

How do I know that the information I find is accurate?

There is no guarantee that the information you find is accurate. For that reason, it is best to look for as much relevant information as possible. Once you find information relevant to a particular standard, continue to review your other resources. You may find additional information or contradictory information. You are your own quality control; be confident that you believe what you are writing. Otherwise, look for more information or make a notation that you are uncertain about what you found.



# Systems and Program Change

A critical part of creating successful literacy programs is altering the way program leaders and practitioners think about change. Because all aspects of society can have an impact on the life of an adult, the mission for change is broad. Several interfacing systems, rather than one system, should be the target for needed change; *i.e.*, the social, educational, economic, judicial, and political support structures that affect individuals with learning disabilities.

To the practitioner, the notion of systemic change can be overwhelming. Therefore, the opportunity to create change must begin with those systems, or those aspects of an individual system, over which practitioners have direct control. Most certainly, practitioners have direct control over their own actions and their interactions with adults who have learning disabilities. From this perspective, personal growth through professional development is an important factor in systemic change. It is essential that practitioners commit to developing actions based on (1) understanding learning disabilities in adults, (2) valuing each learner, (3) creating partnerships with learners, and (4) creating a best-practices approach to assessment and instruction.

Practitioners are also in the position to influence the people with whom they work and to begin to shape the policies and procedures that define their programs. For this kind of program change to occur, dialogue among program staff is critical. Practitioners must use a shared knowledge base and work toward a shared vision. For this reason, professional

development opportunities must be designed to foster interaction among practitioners.

Gradually, practitioners can begin to move out of their own programs and begin the work of shaping other parts of the system that affect adults with learning disabilities. If all practitioners (whether they are working in a national agency or in a local literacy program) begin to work together to create change at the level at which they have control, then systemic change can occur.

The following assumptions about systems change can be used to guide program staff's thinking about improving services to adults with learning disabilities:

- Change is a process, not an event.
- Change is rooted in a shared vision of the need to change, and a clear understanding of the needs and goals of adults with learning disabilities.
- Change, and the goals for change, are defined at multiple levels within a system and are played out in each level; change is both a top-down and a bottom-up process.
- Work at change involves ensuring that people at different levels within the system understand their roles and responsibilities.
- Shared as well as unique actions are expected of those at each level.
- Commitment, leadership, communication, and compromise are required at all levels.
- Equal attention must be given to the processes of planning, implementing, and evaluating actions and outcomes.
- Success is not contingent on a single person, group, or political agenda.
- Research-based practice in learning disabilities, appropriately adapted and translated for use with adults, is used to guide the formulation of policy, procedures, and actions.
- High-quality conversations about improving the life of those with learning disabilities are consistent, persistent, and pervasive.



## Creating a Shared Vision and Developing an Action Plan

To develop a literacy program that is appropriate to the needs of adults with learning disabilities, program leaders must engage their staff members and other stakeholders within the larger community of service providers to review the literacy services currently being offered. Together, they may identify components of the program which could be improved to be more responsive to the needs of persons with learning disabilities. As they engage in this process of self-examination and strategic planning, they will be well served by creating a vision centered around the following program features.

### Integrate Services with All Literacy Services

Services for adults with learning disabilities should not be thought of as a separate set of policies, procedures, and practices to be used with a few adult learners. Rather, it is more productive to conceptualize services for adults with learning disabilities as an integral part of *all* services that are provided to *all* adults who enter literacy programs. Once this perspective has been adopted, then all services can be systematically modified to address the significant number of adults in literacy programs who may have learning disabilities.

### Ensure that Services Reflect Best Practices

It is true that many practices suggested in *Bridges to Practice* are built around practices that are good for all learners who may be struggling with literacy. However, it is also true that best practices related to serving adults with learning disabilities are based on the premise that good practices are already in place in adult literacy programs. Therefore, when adults do not learn, even though usually effective practices are in place, then more structured, direct, and intensive instructional practices are needed. These practices should be implemented and blended with appropriate legal accommodations and instructional adaptations, as necessary.

Adult literacy services that are appropriate for adults with learning disabilities are characterized as follows:

- Accommodations are provided to ensure access to services that would otherwise be available if learning disabilities were not present.
- Accommodations are provided based on the determination of learning disabilities by a formal diagnostic evaluation performed by a psy-

chologist or other qualified professional (e.g., clinician or diagnostician who is licensed to administer psychoeducational test batteries).

- Practitioners are involved in advocacy and creating linkages to community resources. These linkages (including helping the adult obtain testing for confirming or ruling out learning disabilities) should promote understanding and change. This process increases the chances of success for adults with learning disabilities.
- Assessment practices allow for intensive probes to identify performance patterns. These patterns can indicate that an adult is processing information (i.e., acquiring, storing, retrieving, expressing, and performing) differently from other adults. In other words, just providing more practice, independent learning activities, and presentation that include little interaction, guidance, or feedback will not significantly enhance performance. (For further information on the assessment process, refer to *Guidebook 2: The Assessment Process*.)
- A carefully thought-out process for screening for learning disabilities is embedded in the overall assessment process. This process should involve a review of multiple information sources that eventually leads to a decision to discuss the possibility of learning disabilities and the potential advantages and disadvantages of seeking formal diagnostic testing by a qualified professional. (For further information on the assessment process, refer to *Guidebook 2: The Assessment Process*.)
- Staff are trained and have the resources to plan, select, and implement a variety of curriculum options, including self-advocacy. (For further information on the planning process, refer to *Guidebook 3: The Planning Process*.)
- Individual and group instruction incorporates research-based principles for teaching individuals with learning disabilities. (For further information on the teaching/learning process, refer to *Guidebook 4: The Teaching/Learning Process*.)

## Initiating Change

The following five steps are critical to initiating the change process:

1. Bring all stakeholders together to create a shared vision and develop an action plan.
2. Enlist administrative support.

3. Provide meaningful and ongoing professional development opportunities.
4. Identify resources.
5. Continuously monitor and improve the change process.

These five steps are described in greater detail below.

### Step 1: Bring the Stakeholders Together

There are many specialized programs available to persons with disabilities in various public and private community organizations. Unfortunately, the potential impact of these programs is often weakened because they do not connect with other local programs to create a more comprehensive network of services. Adults and literacy programs need to enlist the assistance of a broad base of community organizations for two major reasons:

- The more that groups are enlisted as partners in the change and development process, the more likely systemic change will occur. Literacy providers are in a unique position because they can bring a variety of these stakeholder groups together to create a shared vision and to develop an action plan to bring about change.
- The resources and costs needed to provide appropriate services can be significant. Literacy practitioners are in a position to understand the needs of adults with learning disabilities and to locate community resources that are free or available at a reasonable cost. In addition, literacy practitioners can work with other community organizations to arrange collaborative partnerships that can create access to resources and advocate for changes in policies and procedures that could improve access for adult learners.

By developing community linkages, literacy programs may be able to

- help adults who desire testing to confirm learning disabilities to gain access to formal and professional diagnostic testing administered by a psychologist;
- obtain training opportunities needed for family, community, and employment success that are beyond the mission of the literacy program;
- obtain social and emotional support for adults to discuss issues involving living with learning disabilities; and

- promote advocacy by assisting in securing civil rights protections and appropriate accommodations for learners.

The following state and community services may assist adults with learning disabilities. Contact information for many of these organizations can be found in the Resources for Learning section in this guidebook.

#### **CHILDREN AND ADULTS WITH ATTENTION DEFICIT DISORDERS (CHADD)**

This group can provide information, support, and advocacy for persons with learning disabilities who have been diagnosed with attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD). They may also be able to connect adults with learning disabilities specialists and, in some cases, to arrange for lower-cost diagnostic testing or other services.

#### **DEPARTMENT OF VOCATIONAL REHABILITATION OR DEPARTMENT OF REHABILITATIVE SERVICES**

This is a federally supported, state-run agency that provides employment services to adults with disabilities. Policies related to testing and services vary from state to state. Services provided may include covering costs for literacy training, diagnostic testing, job training, or college courses. Diagnostic testing for learning disabilities to determine eligibility for support can be provided as part of entrance into programs.

#### **DISABILITY COUNCILS**

Many communities have representatives from a variety of community groups working together to coordinate policies and services and to advocate for people with disabilities.

#### **EMPLOYER-SPONSORED JOB-TRAINING PROGRAMS**

Many businesses sponsor literacy or job training. Their personnel departments may have individuals who coordinate or deliver these training activities.

#### **HOSPITALS**

Some large hospitals collaborate with community agencies to provide diagnostic testing for learning disabilities. Some literacy groups have cultivated these relationships because hospitals regularly deal with Medicaid regulations and procedures, which allow for payment for diagnostic testing. While most literacy programs do not have the infrastructure to access these funds, large hospitals do.

**INDEPENDENT LIVING PROGRAMS**

These programs may pay for some literacy services.

**INTERNATIONAL DYSLEXIA ASSOCIATION**

This group, formerly known as the Orton Dyslexia Society, can provide information, support, and advocacy for persons with learning disabilities. They may be able to connect adults with learning disabilities specialists and, in some cases, to arrange for lower-cost diagnostic testing or other services.

**LEARNING DISABILITIES ASSOCIATION (LDA)**

This group can provide information, support, and advocacy for persons who have or may have learning disabilities. There are LDA chapters in most states. They may be able to connect adults with learning disabilities specialists and, in some cases, to arrange for lower-cost diagnostic testing or other services.

**MEDICAID/MEDICAL INSURANCE PROGRAMS**

Some medical programs may pay for literacy services and diagnostic testing. Early Periodic Screening Diagnosis and Treatment (EPSDT) services may be available. The Health Care Finance Administration (HCFA) is responsible for Medicaid and has policies for covering the expenses of some diagnostic testing.

**POSTSECONDARY EDUCATIONAL INSTITUTIONS**

Most universities, colleges, and community colleges have testing and other services for persons with disabilities or suspected disabilities. Faculty may also be willing to collaborate in providing free or reduced-cost testing and other services as part of psychologist and teacher training efforts. For example, groups of programs can arrange to have graduate students perform testing under the supervision of a psychologist.

**PRIVATE PSYCHOLOGISTS**

The yellow pages include the names of certified psychologists who can provide formal diagnostic testing and may arrange follow-up services. Some psychologists work with community agencies, and a group of local organizations might be able to contract for testing at a reduced cost.

**PRIVATE SCHOOLS**

Some private schools offer services and diagnostic testing for adults with learning disabilities, and may be willing to make flexible payment arrangements for adults with limited resources.

**PROGRAMS SUPPORTING WELFARE REFORM**

Many individuals on welfare may have learning disabilities. A number of agencies addressing welfare are supportive of efforts to identify adults with learning disabilities and find appropriate interventions to help them move to self-sufficiency.

**PUBLIC SCHOOLS**

Special education services provided through IDEA may be available for young adults under 22 without high school diplomas. These services can include diagnostic testing.

**SUPPLEMENTAL SECURITY INCOME (SSI)**

This program can provide direct income to persons with disabilities. Diagnostic testing to determine eligibility for support is also provided.

**SUPPORTED EMPLOYMENT SERVICES**

This program can provide for job training and job coaches.

**VOCATIONAL EDUCATION AND TRAINING PROGRAMS**

Vocational programs have education and training services that can meet the needs of adults with learning disabilities. These programs may need information about accommodations and how to provide better instruction in mixed-ability classrooms.

Programs that provide testing may have a psychologist test adults with learning difficulties. However, the psychologist may determine after testing that the difficulties are not severe enough to qualify for the learning disabilities diagnosis. For others, the severity will be sufficient to qualify for this diagnosis. The psychologist's report will provide documentation that enables the adult to become qualified for the rights to protections as a person with a disability, including the right to accommodations in testing and in the workplace. More information on issues related to obtaining formal diagnostic testing is included in *Guidebook 2: The Assessment Process*.

**Step 2: Enlist Administrative Support**

Literacy teachers and tutors cannot effect broad-sweeping change by themselves. They may be able to make some changes in the way they work with adults with learning disabilities, but they need the support of program administrators, from the chief executive officer level to the literacy program leaders, to make the change process successful.

Program leaders can bring together the various community stakeholders, encourage the creation of a shared vision, and work toward identifying agencies to which learners can be referred for issues such as diagnosis of

learning disabilities, vision and hearing screening, employment support, and health care. Program leaders can also ensure that literacy program staff have the opportunity to meet frequently and engage in meaningful dialogue about the change process and their progress toward their stated goals.

### Step 3: Provide Meaningful and Ongoing Professional Development Opportunities

Literacy programs should have a vision about the nature of, practices for addressing, and legal issues associated with learning disabilities. This vision is most effective when shared by program staff and a variety of community organizations, and requires an investment in high-quality professional development opportunities focused on improving services for adults with learning disabilities.

Staff should select program and professional development activities based on a long-term commitment to increase the success of adults with learning disabilities. Most practices require an initial investment of three to five years to introduce a practice to the staff in a literacy program. After a practice is in place, continued success of the practice requires an ongoing investment of resources and staff time to update and review the practice and to ensure that it stays effective.

### Step 4: Identify Resources

To effect change, literacy program leaders and staff need to work with other stakeholders to identify resources which will allow for increased contact time with learners, frequent high-quality professional development opportunities, specialized program staff (lead teachers or learning disabilities specialists), and other elements which will improve the quality of services provided to adults with learning disabilities.

### Step 5: Continuously Monitor and Improve the Change Process

After developing an action plan, literacy program staff need to continuously monitor their progress toward goals and adjust the plan, as appropriate. To assess the process effectively, program staff should consider the following questions:

- What are the criteria for evaluating the change process? (For example, how will success be measured?)
- Who will provide the evaluation input?
- Who will review the results?

- How will the results be used?
- Who will monitor the desired outcomes?
- How will new ideas and needs be incorporated?
- How will the need for continuous improvement be communicated and encouraged?

## Indicators of High-Quality Services

Literacy program staff can evaluate their progress toward developing high-quality programs by ensuring that the programs have the following characteristics on this checklist:

### **AN ASSESSMENT PROCESS SENSITIVE TO LEARNING DISABILITIES SERVES AS AN UMBRELLA FOR ALL PROGRAM SERVICES.**

- ☐ Written policies, procedures, and practices ensure that assessment activities are tied to decisions that are required to deliver high-quality services to learners at each phase of the literacy program.
- ☐ Written policies, procedures, and practices ensure that assessment activities evaluate how the adult is learning, as well as what the adult has learned.
- ☐ Written policies, procedures, and practices ensure that there are appropriate activities for determining at intake if an adult has previously been identified as having a learning disability.

### **SCREENING FOR LEARNING DISABILITIES IS CONCEPTUALIZED AS AN ONGOING PROCESS THAT IS LINKED TO THE OVERALL ASSESSMENT PROCESS.**

- ☐ Written policies, procedures, and practices ensure that staff know how to identify patterns of behavior that might suggest the presence of learning disabilities.
- ☐ Written policies, procedures, and practices define the activities that comprise an ongoing process for screening for learning disabilities.
- ☐ Written policies, procedures, and practices ensure that the selection of instruments and activities for use in screening for learning disabilities is based on research-based standards of best practice.
- ☐ Staff know whether the screening instruments selected for use in the process of screening for learning disabilities meet national standards for best practice, and compensate for shortcomings by collecting other assessment information.



**THERE ARE CLEAR GUIDELINES FOR ALTERING INSTRUCTION BASED ON DIFFERENT TYPES AND LEVELS OF ASSESSMENT INFORMATION.**

- ☐ Staff understand how the screening process adopted by the program is linked to the overall assessment process.

**DECISION-MAKING IS COLLABORATIVE AND IS BASED ON A VARIETY OF PEOPLE REVIEWING A VARIETY OF SOURCES OF INFORMATION.**

- ☐ Written policies, procedures, and practices ensure that staff understand the process for making decisions about implementing specific screening activities for learning disabilities.
- ☐ Written policies, procedures, and practices ensure that decisions are based on multiple sources of data.
- ☐ Written policies, procedures, and practices ensure that staff know how to counsel learners about options and services when learning disabilities are suspected.

**STAFF WORK TO LINK LEARNERS WITH OTHER GROUPS TO OBTAIN REQUIRED ASSESSMENTS THAT ARE BEYOND THE SERVICES PROVIDED BY A PROGRAM.**

- ☐ Written policies, procedures, and practices demonstrate that there is a process for linking the learner to community resources that can provide more intensive and formal diagnostic testing for learners who desire more information about potential learning disabilities.
- ☐ Staff members know the formal diagnostic testing process that is used for legally confirming a learning disability.
- ☐ Staff members know how to use information from reports provided by a psychologist to modify literacy services.
- ☐ Written policies, procedures, and practices ensure that staff modify literacy services based on information included in reports provided by a psychologist.

**ASSESSMENT PROCEDURES LEAD TO PLANNING AND TEACHING ACTIVITIES THAT INCREASE THE SUCCESS OF ADULTS WITH LEARNING DISABILITIES.**

- ☐ Written policies, procedures, and practices ensure that assessment information is used to shape goals, plans, and the selection of appropriate curriculum options to help the learner achieve goals.
- ☐ Written policies, procedures, and practices ensure that assessment information is used to select appropriate instructional methods, including legal accommodations and instructional adaptations.



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# Sample Report Card on Screening Instruments



# National ALLD Center Report Card on Screening Instruments

<b>Screening Material</b>	<hr/> <hr/> <hr/>	<b>Multiple Forms</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<hr/>	<b>Administration Setting</b> <input type="checkbox"/> Individual <input type="checkbox"/> Group
	<hr/>	<b>Administration Format</b>
Publication Date	<hr/>	<b>Observational Checklist</b> <input type="checkbox"/> Self-Report <input type="checkbox"/> Task Completion
Edition	<hr/>	<b>Non-English Version</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (Specify) _____
Author	<hr/>	<b>Target Population/</b>
	<hr/>	<b>Learner Level(s)</b> _____
	<hr/>	<b>Features</b> _____
	<hr/>	
	<hr/>	
	<hr/>	<b>What &amp; How It Measures</b> _____
	<hr/>	
	<hr/>	
<b>Initial Cost</b>	<hr/>	
<b>Usage Cost</b>	<hr/>	

## STANDARDS

## EVALUATION PROCESS

## EVIDENCE

**1. The requirements for learning to use the screening material are reasonable.**

The standard concerns information about the procedures, including length of time and effort required to learn the materials and become proficient at administration.

**Look for:**

a description of the requirements for learning to use the screening procedures.

### You should find:

- a description of training experiences
- a description of who should administer the screening
- estimate of time for learning the procedures

# STANDARDS EVALUATION PROCESS EVIDENCE

<p><b>2. Guidelines regarding whether or not to refer the individual for further testing are clear and reasonable.</b></p> <p>This standard concerns the steps and information to be considered in deciding whether to refer the individual for assessment of a possible learning disability.</p>	<p><b>Look for:</b> guidelines for determining whether or not to refer the individual for further testing.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• criteria for making referral decisions</li> <li>• steps to follow in making a decision</li> <li>• forms, charts, graphs, etc., to help form your decision</li> <li>• descriptions of performance benchmarks</li> </ul>	
<p><b>3. The time required to conduct the screening procedure is reasonable.</b></p> <p>This standard concerns the amount of time required to complete a screening. Length of time for administration can influence both the examiner's and the adult learner's performance.</p>	<p><b>Look for:</b> a description of the time required for administration, scoring, and interpretation.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• a statement of whether or not the test is timed, specifying times</li> <li>• minimum and maximum scoring times</li> <li>• estimate of time required for scoring and interpretation</li> </ul>	
<p><b>4. The screening material allows accommodations for individuals with disabilities.</b></p> <p>This standard concerns the accommodations required for persons already defined as having a disability (for example, low vision, physical disability, or psychiatric disability). Some accommodations may include extended time or an oral protocol, instead of a written one.</p>	<p><b>Look for:</b> a description of accommodations for individuals with disabilities.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• suggestions for specific accommodations linked to specific disabilities</li> <li>• a description of research validating appropriateness of the accommodations - for testing accuracy</li> </ul>	



# STANDARDS EVALUATION PROCESS EVIDENCE

<p><b>5. The screening material adequately represents the full range of learning disabilities characteristics.</b></p> <p>This standard indicates the importance of screening for the different types of manifested learning disabilities, such as word recognition, math calculation, math reasoning, written and oral expression, listening comprehension, and reading comprehension.</p>	<p><b>Look for:</b> description of which learning disabilities characteristics may be assessed with the instrument.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• research validating the test for the specific learning disabilities characteristic(s) of interest</li> </ul>	
<p><b>6. The screening material is consistent with what is currently known about learning disabilities.</b></p> <p>In this standard, the emphasis is on whether the materials are consistent with current knowledge of learning disabilities. Learning disabilities assessment should change as our understanding about learning disabilities changes.</p>	<p><b>Look for:</b> a description of the basis for the test that is consistent with current learning disabilities theories.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• statements of theoretical basis for the test</li> <li>• explanations of learning disabilities consistent with specific theories (for example, neuropsychological, behavioral, developmental)</li> <li>• information about content validity</li> <li>• research of how the test items were developed and validated</li> </ul>	
<p><b>7. The screening material reliably measures the individual's learning characteristics.</b></p> <p>Tests used to screen persons with LD must accurately reflect a person's knowledge, skills, and abilities. Test must yield consistent results.</p>	<p><b>Look for:</b> research indicating the test's accuracy in measuring the individual's learning characteristics.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• temporal reliability (should be close to 1)</li> <li>• interrater reliability (should be close to 1)</li> <li>• standard error of measurement (should be low)</li> </ul>	

## EVIDENCE

## EVALUATION PROCESS

## STANDARDS

<p><b>8. The screening material accurately predicts who may have a learning disability.</b></p> <p>Information should support use of the screening material for predicting who may and who may not have a learning disability.</p>	<p><b>Look for:</b></p> <p>a description of research that indicates the material is effective for adults similar to those you may be screening.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• predictive validity</li> <li>• classification accuracy</li> <li>• % correct decisions</li> </ul>	
<p><b>9. The screening material accurately predicts a learning disability regardless of a person's age, gender, race, ethnicity, or primary language.</b></p> <p>Dependent upon any of these factors, a screening material may be accurate/inaccurate, respectful/derogatory, relevant/irrelevant, motivating/unmotivating or meaningful/unmeaningful for a given individual.</p>	<p><b>Look for:</b></p> <p>a description of research which indicates the material is effective for adults similar to those you may be screening.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• research that included adults with similar characteristics to persons you will test</li> </ul>	
<p><b>10. Research supports the links between screening procedures and instructional materials.</b></p> <p>Some screening procedures may include information to help you select instructional materials or practices.</p>	<p><b>Look for:</b></p> <p>research validating recommendations for instructional materials that are based on screening results.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• research results linking specific testing results with specific instructional options</li> <li>• descriptions of instructional options based upon specific testing outcomes</li> <li>• decision accuracy of using a particular intervention</li> </ul>	

# Report Cards on Selected Screening Instruments

The following instruments have a completed report card:

Academic Attribute Survey 2  
Bringing Literacy Within Reach: Identifying and Teaching Adults with LD  
Cooper Screening of Information Processing  
Diagnostic Assessment of Reading with Trial Teaching Strategies (DARTTS)  
Dyslexia Screening Instrument  
Jordan Prescriptive Tutorial Reading Program  
Koller Adolescent and Adult Behavior Scale, Revised  
Mississippi Assessment Technique for Identifying LD in Adults Enrolled in ABE Programs (MATILDA)  
Payne Learning Needs Inventory  
Phoenix LD Quick Screen for Adults  
PowerPath to Adult Basic Learning  
Screening Test for Adults with Learning Difficulties (STALD)  
Slingerland High School Level Screening  
Strengths and Limitations Inventory: Vocational



## National ALLD Center Report Card on Screening Instruments

<b>Screening Material</b>	Academic Attribute Survey 2	<b>Multiple Forms</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Publication Date</b>	1993	<b>Administration Setting</b> <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Group
<b>Edition</b>		<b>Administration Format</b> <u>Interview</u>
<b>Author</b>		<b>Observational Checklist</b> <input checked="" type="checkbox"/> Self-Report <input type="checkbox"/> Task Completion
<b>Publisher</b>	California Community College	<b>Non-English Version</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Specify) _____
<b>Address</b>	1107 9th St.	<b>Target Population/</b> <u>Community college adult students</u>
<b>Phone</b>	Sacramento, CA 95814	<b>Learner Level(s)</b> _____
<b>Fax</b>	(916 ) 324-2357	<b>Features</b> <u>helps predict future academic performance; cassette tape testing alternative for students with more limited reading skills</u>
<b>Initial Cost</b>	None	<b>What &amp; How It Measures</b> <u>academic attributes through a short, 21-item or longer 44-item rating scale for either the Intake Screening Component or the Processing Deficit Component. Subscales are language, math, assignment, learning, spelling, effort, and self-evaluation.</u>
<b>Usage Cost</b>		

### S T A N D A R D S

### E V A L U A T I O N P R O C E S S

### E V I D E N C E

#### 1. The requirements for learning to use the screening material are reasonable.

The standard concerns information about the procedures, including length of time and effort required to learn the materials and become proficient at administration.

#### Look for:

a description of the requirements for learning to use the screening procedures.

#### You should find:

- a description of training experiences
- a description of who should administer the screening
- estimate of time for learning the procedures

- Manual (p. 52): Must read all instruction and complete the scoring samples.
- (p. 51): Sensitive to students and good interpersonal skills.
- No mention of time required to learn.

\* This material is not published separately from the instructional material. It is found in the Appendix of the Jordan Prescriptives Tutorial Program Instructor's Manual.

## S T A N D A R D S                      E V A L U A T I O N   P R O C E S S                      E V I D E N C E

<p><b>2. Guidelines regarding whether or not to refer the individual for further testing are clear and reasonable.</b></p> <p>This standard concerns the steps and information to be considered in deciding whether to refer the individual for assessment of a possible learning disability.</p>	<p><b>Look for:</b> guidelines for determining whether or not to refer the individual for further testing.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• criteria for making referral decisions</li> <li>• steps to follow in making a decision</li> <li>• forms, charts, graphs, etc., to help form your decision</li> <li>• descriptions of performance benchmarks</li> </ul>	<ul style="list-style-type: none"> <li>• Tech. Report (p. 7): Total attribute score is used for determining eligibility.</li> <li>• (p. 74): Criterion score is less than 84. Scores less than 84 meet the eligibility criterion.</li> <li>• (p. 80): "Scoring Page" to chart scores.</li> </ul>
<p><b>3. The time required to conduct the screening procedure is reasonable.</b></p> <p>This standard concerns the amount of time required to complete a screening. Length of time for administration can influence both the examiner's and the adult learner's performance.</p>	<p><b>Look for:</b> a description of the time required for administration, scoring, and interpretation.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• a statement of whether or not the test is timed, specifying times</li> <li>• minimum and maximum scoring times</li> <li>• estimate of time required for scoring and interpretation</li> </ul>	<ul style="list-style-type: none"> <li>• Tech. Report (p. 5): Long version takes less than 25 minutes; short version requires less time.</li> </ul>
<p><b>4. The screening material allows accommodations for individuals with disabilities.</b></p> <p>This standard concerns the accommodations required for persons already defined as having a disability (for example, low vision, physical disability, or psychiatric disability). Some accommodations may include extended time or an oral protocol, instead of a written one.</p>	<p><b>Look for:</b> a description of accommodations for individuals with disabilities.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• suggestions for specific accommodations linked to specific disabilities</li> <li>• a description of research validating appropriateness of the accommodations - for testing accuracy</li> </ul>	<ul style="list-style-type: none"> <li>• Tech. Report (p. 14): Mentions that an individual with physical disabilities participated in the sample, but there is no mention of accommodations provided.</li> <li>• No research provided.</li> </ul>

# STANDARDS EVALUATION PROCESS EVIDENCE

<p><b>5. The screening material adequately represents the full range of learning disabilities characteristics.</b></p> <p>This standard indicates the importance of screening for the different types of manifested learning disabilities, such as word recognition, math calculation, math reasoning, written and oral expression, listening comprehension, and reading comprehension.</p>	<p><b>Look for:</b> description of which learning disabilities characteristics may be assessed with the instrument.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• research validating the test for the specific learning disabilities characteristic(s) of interest</li> </ul>	<ul style="list-style-type: none"> <li>• Tech. Report (p. 9): Subscales were chosen based on surveys administered to students and reviewed by LD specialists.</li> <li>• Subscales included: oral expression, math skills, learning ability, classroom performance, self-direction, long usage, language expression, new learning, and high math skills.</li> </ul>
<p><b>6. The screening material is consistent with what is currently known about learning disabilities.</b></p> <p>In this standard, the emphasis is on whether the materials are consistent with current knowledge of learning disabilities. Learning disabilities assessment should change as our understanding about learning disabilities changes.</p>	<p><b>Look for:</b> a description of the basis for the test that is consistent with current learning disabilities theories.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• statements of theoretical basis for the test</li> <li>• explanations of learning disabilities consistent with specific theories (for example, neuropsychological, behavioral, developmental)</li> <li>• information about content validity</li> <li>• research of how the test items were developed and validated</li> </ul>	<ul style="list-style-type: none"> <li>• Tech. Report (p. 20): Item analysis was done to compare scores of LD and non-LD students. Two items were dropped as a result.</li> <li>• (p. 57): Items were reviewed by community college staff who served LD students; 10 items were found to be confusing and were further reviewed by LD specialists in community colleges and other regions.</li> </ul>
<p><b>7. The screening material reliably measures the individual's learning characteristics.</b></p> <p>Tests used to screen persons with LD must accurately reflect a person's knowledge, skills, and abilities. Test must yield consistent results.</p>	<p><b>Look for:</b> research indicating the test's accuracy in measuring the individual's learning characteristics.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• temporal reliability (should be close to 1)</li> <li>• interrater reliability (should be close to 1)</li> <li>• standard error of measurement (should be low)</li> </ul>	<ul style="list-style-type: none"> <li>• Tech. Report (p. 7): SEM was reported for different age groups.</li> <li>• Temporal reliability reported: .79 to .93 for long version; .77 to .94 for short version</li> </ul>

# STANDARDS EVALUATION PROCESS EVIDENCE

<p><b>8. The screening material accurately predicts who may have a learning disability.</b></p> <p>Information should support use of the screening material for predicting who may and who may not have a learning disability.</p>	<p><b>Look for:</b></p> <p>a description of research that indicates the material is effective for adults similar to those you may be screening.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• predictive validity</li> <li>• classification accuracy</li> <li>• % correct decisions</li> </ul>	<ul style="list-style-type: none"> <li>• Tech. Report (p. 58): Classification accuracy was 78% to 85%; 15% of non-LD participants were predicted as LD; 16% of LD participants were predicted as non-LD.</li> </ul>
<p><b>9. The screening material accurately predicts a learning disability regardless of a person's age, gender, race, ethnicity, or primary language.</b></p> <p>Dependent upon any of these factors, a screening material may be accurate/inaccurate, respectful/derogatory, relevant/irrelevant, motivating/unmotivating or meaningful/unmeaningful for a given individual.</p>	<p><b>Look for:</b></p> <p>a description of research which indicates the material is effective for adults similar to those you may be screening.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• research that included adults with similar characteristics to persons you will test</li> </ul>	<ul style="list-style-type: none"> <li>• Tech. Report (pp. 11–19): Participants were selected from a variety of community colleges, ages, genders, and ethnic groups.</li> </ul>
<p><b>10. Research supports the links between screening procedures and instructional materials.</b></p> <p>Some screening procedures may include information to help you select instructional materials or practices.</p>	<p><b>Look for:</b></p> <p>research validating recommendations for instructional materials that are based on screening results.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• research results linking specific testing results with specific instructional options</li> <li>• descriptions of instructional options based upon specific testing outcomes</li> <li>• decision accuracy of using a particular intervention</li> </ul>	<ul style="list-style-type: none"> <li>• No references were made to specific instructional materials to be used.</li> </ul>



## National ALLD Center Report Card on Screening Instruments

<b>Screening Material</b>	<u>Bringing Literacy Within Reach: Identifying</u> <u>and Teaching Adults with LD</u> 1991  Learning Disabilities Assoc. of Canada 323 Chapel St., Suite 200 Ottawa, ON, Canada, K1N 7Z2 (613) 238-5721 (613) 235-6391 \$25.00	<b>Multiple Forms</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Administration Setting</b> <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group <b>Administration Format</b> <u>Interview</u> <b>Observational Checklist</b> <input checked="" type="checkbox"/> Self-Report <input checked="" type="checkbox"/> Task Completion <b>Non-English Version</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Specify) _____ <b>Target Population/</b> <u>supplemental to students in existing literacy</u> <b>Learner Level(s)</b> <u>programs.</u> <b>Features</b> <u>manual prescribes teaching strategies for skills assessed;</u> <u>implementation adaptable to various learning environments.</u>  <b>What &amp; How It Measures</b> <u>characteristics of learning disabilities and</u> <u>levels of skills (reading, writing, spelling, numeracy, and calculation)</u> <u>through an interview and performance tasks given by the tutor.</u>
<b>Publication Date</b>		
<b>Edition</b>		
<b>Author</b>		
<b>Publisher</b>		
<b>Address</b>		
<b>Phone</b>		
<b>Fax</b>		
<b>Initial Cost</b>		
<b>Usage Cost</b>		

### S T A N D A R D S

### E V A L U A T I O N P R O C E S S

### E V I D E N C E

#### 1. The requirements for learning to use the screening material are reasonable.

The standard concerns information about the procedures, including length of time and effort required to learn the materials and become proficient at administration.

#### Look for:

a description of the requirements for learning to use the screening procedures.

#### You should find:

- a description of training experiences
- a description of who should administer the screening
- estimate of time for learning the procedures

- (Acknowledgments back page): Use of "tutor" in text applies to any individual teaching literacy skills to adults.
- (p. 10): Examiner should be familiar with interview and test items before implementing.
- (p. 13): Tutor conducting screening questionnaire should be experienced in interviewing.
- (p. 33): The informal assessment testing "should be carried out by tutors with experience in test administration in the specific subject areas."

# STANDARDS EVALUATION PROCESS EVIDENCE

<p><b>2. Guidelines regarding whether or not to refer the individual for further testing are clear and reasonable.</b></p> <p>This standard concerns the steps and information to be considered in deciding whether to refer the individual for assessment of a possible learning disability.</p>	<p><b>Look for:</b> guidelines for determining whether or not to refer the individual for further testing.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• criteria for making referral decisions</li> <li>• steps to follow in making a decision</li> <li>• forms, charts, graphs, etc., to help form your decision</li> <li>• descriptions of performance benchmarks</li> </ul>	<ul style="list-style-type: none"> <li>• (pp. 11–12): Material consists of a Screening Questionnaire checklist to “assist in identifying adults who may be at risk for having learning disabilities” and an informal assessment checklist to help identify specifically related skills. Additional use of standardized academic tests and/or professional consultation if assessments are not sufficient are recommended.</li> <li>• (p. 13): Instrument is an informal assessment to identify students at risk. “A definitive diagnosis would require a more extensive evaluation with a specialist in learning disabilities.</li> <li>• No formal benchmarks for referral. Largely based on</li> </ul>
<p><b>3. The time required to conduct the screening procedure is reasonable.</b></p> <p>This standard concerns the amount of time required to complete a screening. Length of time for administration can influence both the examiner’s and the adult learner’s performance.</p>	<p><b>Look for:</b> a description of the time required for administration, scoring, and interpretation.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• a statement of whether or not the test is timed, specifying times</li> <li>• minimum and maximum scoring times</li> <li>• estimate of time required for scoring and interpretation</li> </ul>	<p>assessment conductor’s own judgment.</p> <ul style="list-style-type: none"> <li>• (p. 13): Screening questionnaire takes one hour, the Summary Checklist should be “completed immediately following the interview.”</li> <li>• No time mentioned for informal assessment.</li> <li>• No scoring.</li> </ul>
<p><b>4. The screening material allows accommodations for individuals with disabilities.</b></p> <p>This standard concerns the accommodations required for persons already defined as having a disability (for example, low vision, physical disability, or psychiatric disability). Some accommodations may include extended time or an oral protocol, instead of a written one.</p>	<p><b>Look for:</b> a description of accommodations for individuals with disabilities.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• suggestions for specific accommodations linked to specific disabilities</li> <li>• a description of research validating appropriateness of the accommodations - for testing accuracy</li> </ul>	<ul style="list-style-type: none"> <li>• (p. 6): Section on awareness of potential emotional sensitivity of adults with LD.</li> <li>• (pp. 78–83): Section of “General Teaching Strategies” considered “helpful in all aspects of teaching literacy to an adult with learning disabilities.” inclusive of generalized statements concerning a “student-centered approach,” support and encouragement,” and “attention.”</li> <li>• However, no specific LDs or other disabilities mentioned, nor any research given.</li> </ul>

# STANDARDS EVALUATION PROCESS EVIDENCE

<p><b>5. The screening material adequately represents the full range of learning disabilities characteristics.</b></p> <p>This standard indicates the importance of screening for the different types of manifested learning disabilities, such as word recognition, math calculation, math reasoning, written and oral expression, listening comprehension, and reading comprehension.</p>	<p><b>Look for:</b> description of which learning disabilities characteristics may be assessed with the instrument.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• research validating the test for the specific learning disabilities characteristic(s) of interest</li> </ul>	<ul style="list-style-type: none"> <li>• Informal assessments cover: reading (37); written expression (53); spelling (59); numeracy and calculation skills (69); these include aspects such as comprehension, visual/spatial/auditory/motor, memory, etc.</li> <li>• No validity or other research given.</li> </ul>
<p><b>6. The screening material is consistent with what is currently known about learning disabilities.</b></p> <p>In this standard, the emphasis is on whether the materials are consistent with current knowledge of learning disabilities. Learning disabilities assessment should change as our understanding about learning disabilities changes.</p>	<p><b>Look for:</b> a description of the basis for the test that is consistent with current learning disabilities theories.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• statements of theoretical basis for the test</li> <li>• explanations of learning disabilities consistent with specific theories (for example, neuropsychological, behavioral, developmental)</li> <li>• information about content validity</li> <li>• research of how the test items were developed and validated</li> </ul>	<ul style="list-style-type: none"> <li>• (p. 1): Based on the “combined efforts of learning disabilities experts, literacy coordinators and representatives of literacy organization across Canada, the LDAC developed a screening procedure and teaching strategies for literacy programs, as contained in this manual.”</li> <li>• Product was developed to complement existing literacy programs, and can/should be adapted to other learning environments.</li> <li>• (pp. 2–5): Gives “definition, causes and frequency of LDs.”</li> <li>• (p. 163): A section of “further information and resources.”</li> <li>• No technical information given.</li> <li>• No research on ‘how test items were developed and validated.’</li> </ul>
<p><b>7. The screening material reliably measures the individual’s learning characteristics.</b></p> <p>Tests used to screen persons with LD must accurately reflect a person’s knowledge, skills, and abilities. Test must yield consistent results.</p>	<p><b>Look for:</b> research indicating the test’s accuracy in measuring the individual’s learning characteristics.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• temporal reliability (should be close to 1)</li> <li>• interrater reliability (should be close to 1)</li> <li>• standard error of measurement (should be low)</li> </ul>	<ul style="list-style-type: none"> <li>• No reliability or other technical information provided.</li> </ul>

# STANDARDS EVALUATION PROCESS EVIDENCE

<p><b>8. The screening material accurately predicts who may have a learning disability.</b></p> <p>Information should support use of the screening material for predicting who may and who may not have a learning disability.</p>	<p><b>Look for:</b></p> <p>a description of research that indicates the material is effective for adults similar to those you may be screening.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• predictive validity</li> <li>• classification accuracy</li> <li>• % correct decisions</li> </ul>	<ul style="list-style-type: none"> <li>• (pp. 11–13): Assessment not sufficient in determining LDs; material designed to identify students at risk for LDs (definite diagnosis requires a LD specialist's evaluation).</li> <li>• No validity or other technical information provided.</li> </ul>
<p><b>9. The screening material accurately predicts a learning disability regardless of a person's age, gender, race, ethnicity, or primary language.</b></p> <p>Dependent upon any of these factors, a screening material may be accurate/inaccurate, respectful/derogatory, relevant/irrelevant, motivating/unmotivating or meaningful/unmeaningful for a given individual.</p>	<p><b>Look for:</b></p> <p>a description of research which indicates the material is effective for adults similar to those you may be screening.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• research that included adults with similar characteristics to persons you will test</li> </ul>	<ul style="list-style-type: none"> <li>• (p. 13): Material assists, not predicts, LDs; assessments may distinguish individuals "at risk."</li> <li>• (p. 1): Emphasis for use of material is within an adult literacy program.</li> <li>• No research provided.</li> </ul>
<p><b>10. Research supports the links between screening procedures and instructional materials.</b></p> <p>Some screening procedures may include information to help you select instructional materials or practices.</p>	<p><b>Look for:</b></p> <p>research validating recommendations for instructional materials that are based on screening results.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• research results linking specific testing results with specific instructional options</li> <li>• descriptions of instructional options based upon specific testing outcomes</li> <li>• decision accuracy of using a particular intervention</li> </ul>	<ul style="list-style-type: none"> <li>• (p. 12): Assessment may lead to further testing, though no research or instructional options to consider next.</li> </ul>

## National ALLD Center Report Card on Screening Instruments

<b>Screening Material</b>  Publication Date  Edition  Author  <b>Publisher</b>  Address  Phone  Fax  <b>Initial Cost</b>  <b>Usage Cost</b>	<u>Cooper Screening of Information Processing</u>  <u>Richard Cooper, Ph.D.</u>  <u>Learning Disabilities Resources</u> <u>P.O. Box 716</u> <u>Bryn Mawr, PA 19010</u> <u>(800) 869-8336</u> <u>(610) 446-6129</u> <u>\$15.00 for video; no charge for screening instrument</u>	<b>Multiple Forms</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Administration Setting</b> <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group  <b>Administration Format</b> <u>Interview</u>  <b>Observational Checklist</b> <input type="checkbox"/> Self-Report <input checked="" type="checkbox"/> Task Completion  <b>Non-English Version</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Specify) _____  <b>Target Population/</b> <u>adult students</u>  <b>Learner Level(s)</b> _____  <b>Features</b> <u>demonstration of screening process through a 110 minute video.</u>  <b>What &amp; How It Measures</b> <u>Learning disabilities characteristics through a self-directed 50-minute questionnaire.</u>	<b>EVIDENCE</b>
<b>1. The requirements for learning to use the screening material are reasonable.</b> The standard concerns information about the procedures, including length of time and effort required to learn the materials and become proficient at administration.	<b>Look for:</b> a description of the requirements for learning to use the screening procedures. <b>You should find:</b> <ul style="list-style-type: none"> <li>• a description of training experiences</li> <li>• a description of who should administer the screening</li> <li>• estimate of time for learning the procedures</li> </ul>	<b>EVALUATION PROCESS</b>	<b>EVIDENCE</b> <ul style="list-style-type: none"> <li>• No indication of training needed to administer.</li> <li>• Intro page states that the screening is to be given by a "teacher."</li> <li>• The video is crucial to understanding how to administer and score the screening.</li> </ul>

# STANDARDS EVALUATION PROCESS EVIDENCE

<p><b>2. Guidelines regarding whether or not to refer the individual for further testing are clear and reasonable.</b></p> <p>This standard concerns the steps and information to be considered in deciding whether to refer the individual for assessment of a possible learning disability.</p>	<p><b>Look for:</b> guidelines for determining whether or not to refer the individual for further testing.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• criteria for making referral decisions</li> <li>• steps to follow in making a decision</li> <li>• forms, charts, graphs, etc., to help form your decision</li> <li>• descriptions of performance benchmarks</li> </ul>	<ul style="list-style-type: none"> <li>• No indication of when to refer on to further testing. Dr. Cooper addresses various scores and what to do for the person, within the program.</li> </ul>
<p><b>3. The time required to conduct the screening procedure is reasonable.</b></p> <p>This standard concerns the amount of time required to complete a screening. Length of time for administration can influence both the examiner's and the adult learner's performance.</p>	<p><b>Look for:</b> a description of the time required for administration, scoring, and interpretation.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• a statement of whether or not the test is timed, specifying times</li> <li>• minimum and maximum scoring times</li> <li>• estimate of time required for scoring and interpretation</li> </ul>	<ul style="list-style-type: none"> <li>• No indication whether the screening is timed or not timed.</li> <li>• The sample screening on the video lasts approximately 30 minutes.</li> </ul>
<p><b>4. The screening material allows accommodations for individuals with disabilities.</b></p> <p>This standard concerns the accommodations required for persons already defined as having a disability (for example, low vision, physical disability, or psychiatric disability). Some accommodations may include extended time or an oral protocol, instead of a written one.</p>	<p><b>Look for:</b> a description of accommodations for individuals with disabilities.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• suggestions for specific accommodations linked to specific disabilities</li> <li>• a description of research validating appropriateness of the accommodations - for testing accuracy</li> </ul>	<ul style="list-style-type: none"> <li>• No indication of accommodations, but it does require the person being screened can read and write.</li> </ul>



# STANDARDS EVALUATION PROCESS EVIDENCE

<p><b>5. The screening material adequately represents the full range of learning disabilities characteristics.</b></p> <p>This standard indicates the importance of screening for the different types of manifested learning disabilities, such as word recognition, math calculation, math reasoning, written and oral expression, listening comprehension, and reading comprehension.</p>	<p><b>Look for:</b> description of which learning disabilities characteristics may be assessed with the instrument.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• research validating the test for the specific learning disabilities characteristic(s) of interest</li> </ul>	<ul style="list-style-type: none"> <li>• No research on validity is indicated.</li> </ul>
<p><b>6. The screening material is consistent with what is currently known about learning disabilities.</b></p> <p>In this standard, the emphasis is on whether the materials are consistent with current knowledge of learning disabilities. Learning disabilities assessment should change as our understanding about learning disabilities changes.</p>	<p><b>Look for:</b> a description of the basis for the test that is consistent with current learning disabilities theories.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• statements of theoretical basis for the test</li> <li>• explanations of learning disabilities consistent with specific theories (for example, neuropsychological, behavioral, developmental)</li> <li>• information about content validity</li> <li>• research of how the test items were developed and validated</li> </ul>	<ul style="list-style-type: none"> <li>• On the video (35:00) Dr. Cooper explains the basis for each question and what particular answers can imply. However, he does not discuss the validity of the material.</li> </ul>
<p><b>7. The screening material reliably measures the individual's learning characteristics.</b></p> <p>Tests used to screen persons with LD must accurately reflect a person's knowledge, skills, and abilities. Test must yield consistent results.</p>	<p><b>Look for:</b> research indicating the test's accuracy in measuring the individual's learning characteristics.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• temporal reliability (should be close to 1)</li> <li>• interrater reliability (should be close to 1)</li> <li>• standard error of measurement (should be low)</li> </ul>	<ul style="list-style-type: none"> <li>• No reliability or SEM information is given.</li> </ul>

## STANDARDS EVALUATION PROCESS EVIDENCE

<p><b>8. The screening material accurately predicts who may have a learning disability.</b></p> <p>Information should support use of the screening material for predicting who may and who may not have a learning disability.</p>	<p><b>Look for:</b> a description of research that indicates the material is effective for adults similar to those you may be screening.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• predictive validity</li> <li>• classification accuracy</li> <li>• % correct decisions</li> </ul>	<ul style="list-style-type: none"> <li>• No validity information is given.</li> </ul>
<p><b>9. The screening material accurately predicts a learning disability regardless of a person's age, gender, race, ethnicity, or primary language.</b></p> <p>Dependent upon any of these factors, a screening material may be accurate/inaccurate, respectful/derogatory, relevant/irrelevant, motivating/unmotivating or meaningful/unmeaningful for a given individual.</p>	<p><b>Look for:</b> a description of research which indicates the material is effective for adults similar to those you may be screening.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• research that included adults with similar characteristics to persons you will test</li> </ul>	<ul style="list-style-type: none"> <li>• No research is indicated, linking particular instructional materials to this screening's results.</li> </ul>
<p><b>10. Research supports the links between screening procedures and instructional materials.</b></p> <p>Some screening procedures may include information to help you select instructional materials or practices.</p>	<p><b>Look for:</b> research validating recommendations for instructional materials that are based on screening results.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• research results linking specific testing results with specific instructional options</li> <li>• descriptions of instructional options based upon specific testing outcomes</li> <li>• decision accuracy of using a particular intervention</li> </ul>	<ul style="list-style-type: none"> <li>• No research is indicated. Questions in the "Social and family" portion of the material are heterosexual in content.</li> </ul>



# National ALLD Center Report Card on Screening Instruments

<b>Screening Material</b>	<u>Diagnostic Assessment of Reading with</u>	<b>Multiple Forms</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>Trial Teaching Strategies (DARTTS)</u>	<b>Administration Setting</b>	<input type="checkbox"/> Individual <input type="checkbox"/> Group
<b>Publication Date</b>	_____	<b>Administration Format</b>	_____
<b>Edition</b>	_____	<b>Observational Checklist</b>	<input type="checkbox"/> Self-Report <input checked="" type="checkbox"/> Task Completion
<b>Author</b>	_____	<b>Non-English Version</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Specify) _____
<b>Publisher</b>	<u>Riverside Publishing Co.</u>	<b>Target Population/</b>	<u>no information available.</u>
<b>Address</b>	<u>425 Spring Lake Dr. Itasca, IL 60143</u>	<b>Learner Level(s)</b>	_____
<b>Phone</b>	<u>(800) 323-9540</u>	<b>Features</b>	<u>sentence dictation, math problems, and reading sections.</u>
<b>Fax</b>	<u>(630) 467-7192</u>		_____
<b>Initial Cost</b>	<u>\$190.50</u>	<b>What &amp; How It Measures</b>	<u>identification of common learning disability/dyslexic characteristics; letter and number knowledge, writing and phonics abilities.</u>
<b>Usage Cost</b>	_____		_____

## STANDARDS

## EVALUATION PROCESS

## EVIDENCE

### 1. The requirements for learning to use the screening material are reasonable.

The standard concerns information about the procedures, including length of time and effort required to learn the materials and become proficient at administration.

#### Look for:

a description of the requirements for learning to use the screening procedures.

#### You should find:

- a description of training experiences
- a description of who should administer the screening
- estimate of time for learning the procedures

- DAR Manual (p. 1): Before administering, teacher should read the manual.

- (p. 5): Designed for use by classroom teachers, reading specialists, SPED teachers, psychologists, and "other professionals who help students read." No special training or instruction besides the manual.

\* DAR is the assessment portion; TTS are the teaching strategies to be used.

# STANDARDS EVALUATION PROCESS EVIDENCE

<p><b>2. Guidelines regarding whether or not to refer the individual for further testing are clear and reasonable.</b></p> <p>This standard concerns the steps and information to be considered in deciding whether to refer the individual for assessment of a possible learning disability.</p>	<p><b>Look for:</b> guidelines for determining whether or not to refer the individual for further testing.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• criteria for making referral decisions</li> <li>• steps to follow in making a decision</li> <li>• forms, charts, graphs, etc., to help form your decision</li> <li>• descriptions of performance benchmarks</li> </ul>	<ul style="list-style-type: none"> <li>• DAR Manual (p. 30): Interpretive profile to record results.</li> <li>• Program Overview: Determine level to begin teaching strategies (Side 1) based on DAR scores.</li> <li>• No guidelines for referral for more testing; it goes right into teaching strategies.</li> </ul>
<p><b>3. The time required to conduct the screening procedure is reasonable.</b></p> <p>This standard concerns the amount of time required to complete a screening. Length of time for administration can influence both the examiner's and the adult learner's performance.</p>	<p><b>Look for:</b> a description of the time required for administration, scoring, and interpretation.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• a statement of whether or not the test is timed, specifying times</li> <li>• minimum and maximum scoring times</li> <li>• estimate of time required for scoring and interpretation</li> </ul>	<ul style="list-style-type: none"> <li>• DAR Manual (p. 5): No set time requirements; it should take 20–30 minutes per student.</li> <li>• TTS Manual (p. 7): No set time requirements; it usually takes 30 minutes. (p. 2): Table 1 gives estimated time per lesson.</li> </ul>
<p><b>4. The screening material allows accommodations for individuals with disabilities.</b></p> <p>This standard concerns the accommodations required for persons already defined as having a disability (for example, low vision, physical disability, or psychiatric disability). Some accommodations may include extended time or an oral protocol, instead of a written one.</p>	<p><b>Look for:</b> a description of accommodations for individuals with disabilities.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• suggestions for specific accommodations linked to specific disabilities</li> <li>• a description of research validating appropriateness of the accommodations - for testing accuracy</li> </ul>	<ul style="list-style-type: none"> <li>• No mention of accommodations that can be made.</li> </ul>

# STANDARDS EVALUATION PROCESS EVIDENCE

<p><b>5. The screening material adequately represents the full range of learning disabilities characteristics.</b></p> <p>This standard indicates the importance of screening for the different types of manifested learning disabilities, such as word recognition, math calculation, math reasoning, written and oral expression, listening comprehension, and reading comprehension.</p>	<p><b>Look for:</b> description of which learning disabilities characteristics may be assessed with the instrument.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• research validating the test for the specific learning disabilities characteristic(s) of interest</li> </ul>	<ul style="list-style-type: none"> <li>• No research provided.</li> <li>• Manual (p.2): DARTTS covers reading, including word recognition, reading accuracy, and reading comprehension.</li> </ul>
<p><b>6. The screening material is consistent with what is currently known about learning disabilities.</b></p> <p>In this standard, the emphasis is on whether the materials are consistent with current knowledge of learning disabilities. Learning disabilities assessment should change as our understanding about learning disabilities changes.</p>	<p><b>Look for:</b> a description of the basis for the test that is consistent with current learning disabilities theories.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• statements of theoretical basis for the test</li> <li>• explanations of learning disabilities consistent with specific theories (for example, neuropsychological, behavioral, developmental)</li> <li>• information about content validity</li> <li>• research of how the test items were developed and validated</li> </ul>	<ul style="list-style-type: none"> <li>• Catalog (p. 36): Research included item tryouts with 1,664 students and norm-referenced after DARTTS.</li> <li>• No info about content validity.</li> </ul>
<p><b>7. The screening material reliably measures the individual's learning characteristics.</b></p> <p>Tests used to screen persons with LD must accurately reflect a person's knowledge, skills, and abilities. Test must yield consistent results.</p>	<p><b>Look for:</b> research indicating the test's accuracy in measuring the individual's learning characteristics.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• temporal reliability (should be close to 1)</li> <li>• interrater reliability (should be close to 1)</li> <li>• standard error of measurement (should be low)</li> </ul>	<ul style="list-style-type: none"> <li>• No reliability measures included.</li> </ul>

## STANDARDS EVALUATION PROCESS EVIDENCE

<p><b>8. The screening material accurately predicts who may have a learning disability.</b></p> <p>Information should support use of the screening material for predicting who may and who may not have a learning disability.</p>	<p><b>Look for:</b></p> <p>a description of research that indicates the material is effective for adults similar to those you may be screening.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• predictive validity</li> <li>• classification accuracy</li> <li>• % correct decisions</li> </ul>	<ul style="list-style-type: none"> <li>• No research about prediction of LD included.</li> </ul>
<p><b>9. The screening material accurately predicts a learning disability regardless of a person's age, gender, race, ethnicity, or primary language.</b></p> <p>Dependent upon any of these factors, a screening material may be accurate/inaccurate, respectful/derogatory, relevant/irrelevant, motivating/unmotivating or meaningful/unmeaningful for a given individual.</p>	<p><b>Look for:</b></p> <p>a description of research which indicates the material is effective for adults similar to those you may be screening.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• research that included adults with similar characteristics to persons you will test</li> </ul>	<ul style="list-style-type: none"> <li>• DAR Manual (p. 2): for individual reading at grade levels 1 to 12.</li> <li>• No research included.</li> </ul>
<p><b>10. Research supports the links between screening procedures and instructional materials.</b></p> <p>Some screening procedures may include information to help you select instructional materials or practices.</p>	<p><b>Look for:</b></p> <p>research validating recommendations for instructional materials that are based on screening results.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• research results linking specific testing results with specific instructional options</li> <li>• descriptions of instructional options based upon specific testing outcomes</li> <li>• decision accuracy of using a particular intervention</li> </ul>	<ul style="list-style-type: none"> <li>• No research provided to support link between DAR and TTS.</li> <li>• No mention of instruction options to use next.</li> </ul>

## National ALLD Center Report Card on Screening Instruments

<b>Screening Material</b>	Dyslexia Screening Instrument		<b>Multiple Forms</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<b>Administration Setting</b>	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group
Publication Date	1994		<b>Administration Format</b>	Interview
Edition			<b>Observational Checklist</b>	<input type="checkbox"/> Self-Report <input type="checkbox"/> Task Completion
Author	Coon, Waguespack, Polk		<b>Non-English Version</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Specify) _____
<b>Publisher</b>	The Psychological Corporation		<b>Target Population/</b>	<u>grades 1-12, ages 6-2</u>
Address	555 Academic Court		<b>Learner Level(s)</b>	_____
Phone	San Antonio, TX 78204-2498		<b>Features</b>	<u>reliability and validity information; scoring software to ana-</u>
Fax	(800) 228-0752		<b>lyze and classify ratings.</b>	_____
<b>Initial Cost</b>	(800) 232-1223		<b>What &amp; How It Measures</b>	<u>rating form consisting of 33 exhibited</u>
<b>Usage Cost</b>	\$69.50/set		<b>academic and linguistic characteristics; designed to describe charac-</b>	_____
	Rating forms: \$12.00/pkg of 25		<b>teristics associated with dyslexia and to discriminate</b>	_____
			<b>between at-risk students and those not at risk.</b>	_____

### S T A N D A R D S

### E V A L U A T I O N P R O C E S S

### E V I D E N C E

**1. The requirements for learning to use the screening material are reasonable.**

The standard concerns information about the procedures, including length of time and effort required to learn the materials and become proficient at administration.

**Look for:**

a description of the requirements for learning to use the screening procedures.

**You should find:**

- a description of training experiences
- a description of who should administer the screening
- estimate of time for learning the procedures

- (p. 3): No formal training mentioned; nevertheless, computer knowledge seems appropriate, and "a classroom teacher who has worked directly with the student for at least 6 weeks should complete the rating forms." For grades 1-5: a teacher of a variety of subjects. For grades 6-12: reading, English, or language arts teacher.

\* Scoring software requires: IBM compatible, DOS 3.0 or higher, 5 1/2" or 3 1/2" floppy drive.

# STANDARDS EVALUATION PROCESS EVIDENCE

<p><b>2. Guidelines regarding whether or not to refer the individual for further testing are clear and reasonable.</b></p> <p>This standard concerns the steps and information to be considered in deciding whether to refer the individual for assessment of a possible learning disability.</p>	<p><b>Look for:</b> guidelines for determining whether or not to refer the individual for further testing.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• criteria for making referral decisions</li> <li>• steps to follow in making a decision</li> <li>• forms, charts, graphs, etc., to help form your decision</li> <li>• descriptions of performance benchmarks</li> </ul>	<ul style="list-style-type: none"> <li>• (p. 5): Based on score produced by software — a failing score indicates a student at risk for dyslexia; assessments should be done according to state and district policies. Other scoring clarifications are passed, inconclusive, or cannot be scored.</li> <li>• No specifics given.</li> </ul>
<p><b>3. The time required to conduct the screening procedure is reasonable.</b></p> <p>This standard concerns the amount of time required to complete a screening. Length of time for administration can influence both the examiner's and the adult learner's performance.</p>	<p><b>Look for:</b> a description of the time required for administration, scoring, and interpretation.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• a statement of whether or not the test is timed, specifying times</li> <li>• minimum and maximum scoring times</li> <li>• estimate of time required for scoring and interpretation</li> </ul>	<ul style="list-style-type: none"> <li>• (p. 3): Rating form should take no more than 15–20 minutes to complete.</li> <li>• The manual says the computer software scoring takes two minutes.</li> </ul>
<p><b>4. The screening material allows accommodations for individuals with disabilities.</b></p> <p>This standard concerns the accommodations required for persons already defined as having a disability (for example, low vision, physical disability, or psychiatric disability). Some accommodations may include extended time or an oral protocol, instead of a written one.</p>	<p><b>Look for:</b> a description of accommodations for individuals with disabilities.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• suggestions for specific accommodations linked to specific disabilities</li> <li>• a description of research validating appropriateness of the accommodations - for testing accuracy</li> </ul>	<ul style="list-style-type: none"> <li>• No accommodations are given or needed; the rating form is an observational rating.</li> </ul>



# STANDARDS EVALUATION PROCESS EVIDENCE

<p><b>5. The screening material adequately represents the full range of learning disabilities characteristics.</b></p> <p>This standard indicates the importance of screening for the different types of manifested learning disabilities, such as word recognition, math calculation, math reasoning, written and oral expression, listening comprehension, and reading comprehension.</p>	<p><b>Look for:</b> description of which learning disabilities characteristics may be assessed with the instrument.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• research validating the test for the specific learning disabilities characteristic(s) of interest</li> </ul>	<ul style="list-style-type: none"> <li>• (p. 2): Designed to discriminate between those who display dyslexia characteristics and those who do not.</li> <li>• (p. 15): Rating form characteristics based on literature review on characteristics of children with dyslexia, were reviewed by “experts” in the field, and were then subject to discriminate analysis (found on pp. 17–18).</li> </ul>
<p><b>6. The screening material is consistent with what is currently known about learning disabilities.</b></p> <p>In this standard, the emphasis is on whether the materials are consistent with current knowledge of learning disabilities. Learning disabilities assessment should change as our understanding about learning disabilities changes.</p>	<p><b>Look for:</b> a description of the basis for the test that is consistent with current learning disabilities theories.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• statements of theoretical basis for the test</li> <li>• explanations of learning disabilities consistent with specific theories (for example, neuropsychological, behavioral, developmental)</li> <li>• information about content validity</li> <li>• research of how the test items were developed and validated</li> </ul>	<ul style="list-style-type: none"> <li>• (pp. 15–24): Gives basis, development, reliability and validity info of DSL.</li> <li>• (pp. 19–20): Content validity detailed in “statement development” section on p. 15 and throughout this chapter.</li> </ul>
<p><b>7. The screening material reliably measures the individual’s learning characteristics.</b></p> <p>Tests used to screen persons with LD must accurately reflect a person’s knowledge, skills, and abilities. Test must yield consistent results.</p>	<p><b>Look for:</b> research indicating the test’s accuracy in measuring the individual’s learning characteristics.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• temporal reliability (should be close to 1)</li> <li>• interrater reliability (should be close to 1)</li> <li>• standard error of measurement (should be low)</li> </ul>	<ul style="list-style-type: none"> <li>• (p. 19): Inter-rater reliability at elementary level, .86 with 100% agreement on classification. At secondary level, .91 with 97% agreement on classification.</li> <li>• In developmental sample, SEM was .28 for elementary and .42 for secondary levels.</li> </ul>

# STANDARDS EVALUATION PROCESS EVIDENCE

<p><b>8. The screening material accurately predicts who may have a learning disability.</b></p> <p>Information should support use of the screening material for predicting who may and who may not have a learning disability.</p>	<p><b>Look for:</b></p> <p>a description of research that indicates the material is effective for adults similar to those you may be screening.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• predictive validity</li> <li>• classification accuracy</li> <li>• % correct decisions</li> </ul>	<ul style="list-style-type: none"> <li>• (pp. 22–24): Predictive validity is 73%. 73% of those who “failed” DSI were later classified dyslexic; 73% who “passed” DSI later classified as not dyslexic.</li> <li>• Catt’s Rev: Of secondary students who failed DSI, demonstrating normal cognitive abilities—only 62% diagnosed dyslexic.</li> <li>• (pp. 25–27): Gives additional screening studies; results indicate that DSI may be useful as a screening instrument for “identifying students at risk” when “used in conjunction with other measures.” (p. 27)</li> <li>• (pp. 20–21): In developmental sample, discriminate analysis correctly predicted 98.2% for elementary and 98.6% for secondary levels.</li> </ul>
<p><b>9. The screening material accurately predicts a learning disability regardless of a person’s age, gender, race, ethnicity, or primary language.</b></p> <p>Dependent upon any of these factors, a screening material may be accurate/inaccurate, respectful/derogatory, relevant/irrelevant, motivating/unmotivating or meaningful/unmeaningful for a given individual.</p>	<p><b>Look for:</b></p> <p>a description of research which indicates the material is effective for adults similar to those you may be screening.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• research that included adults with similar characteristics to persons you will test</li> </ul>	<ul style="list-style-type: none"> <li>• (p. 3): For use with students in grades 1–12 (ages 6–21).</li> <li>• (pp. 15–16): Gives characteristics of the development sample broken down into gender, race/ethnicity, SES, age range, and grade; some in dyslexia programs, some not.</li> </ul>
<p><b>10. Research supports the links between screening procedures and instructional materials.</b></p> <p>Some screening procedures may include information to help you select instructional materials or practices.</p>	<p><b>Look for:</b></p> <p>research validating recommendations for instructional materials that are based on screening results.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• research results linking specific testing results with specific instructional options</li> <li>• descriptions of instructional options based upon specific testing outcomes</li> <li>• decision accuracy of using a particular intervention</li> </ul>	<ul style="list-style-type: none"> <li>• (p. 1): Rating scale is to identify “students at risk for dyslexia” who may need further assessment, nothing further.</li> <li>• No research given. No instructional materials recommended.</li> </ul>



## National ALLD Center Report Card on Screening Instruments

<b>Screening Material</b>	Jordan Perscriptive Tutorial Reading	<b>Multiple Forms</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Administration Setting</b> <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group <b>Administration Format</b> Interview <b>Observational Checklist</b> <input type="checkbox"/> Self-Report <input checked="" type="checkbox"/> Task Completion <b>Non-English Version</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Specify) _____
Publication Date	1989	<b>Target Population/</b> <u>students with specific reading problems (dyslex-</u> <b>Learner Level(s)</b> <u>ia, poor vision, ADD)</u> <b>Features</b> <u>suggestions to help identify those with reading problems, as</u> <u>well as follow-up in how to instruct such learners (both screening and</u> <u>instructional).</u>
Edition	Dr. Dale Jordan	
Author	Pro-ED	
Address	8700 Shoal Creek Blvd.	<b>What &amp; How It Measures</b> <u>readiness for school learning, learning</u> <u>styles, and rate of learning through tasks performed by the</u> <u>learners.</u>
Phone	Austin, TX 78757-6897	
Fax	(512) 451-3246	
Initial Cost	(512) 451-8542; (800) 397-7633 (orders only)	
Usage Cost	\$79.00	
	Photocopying expenses	

### S T A N D A R D S

### E V A L U A T I O N P R O C E S S

### E V I D E N C E

#### 1. The requirements for learning to use the screening material are reasonable.

The standard concerns information about the procedures, including length of time and effort required to learn the materials and become proficient at administration.

#### Look for:

a description of the requirements for learning to use the screening procedures.

#### You should find:

- a description of training experiences
- a description of who should administer the screening
- estimate of time for learning the procedures

- Instructor's Manual (p. 3): Says that persons administering the test need not be highly trained specialists.
- No indication of experience needed.
- No indication of time needed to learn procedures.

# STANDARDS EVALUATION PROCESS EVIDENCE

<p><b>2. Guidelines regarding whether or not to refer the individual for further testing are clear and reasonable.</b></p> <p>This standard concerns the steps and information to be considered in deciding whether to refer the individual for assessment of a possible learning disability.</p>	<p><b>Look for:</b> guidelines for determining whether or not to refer the individual for further testing.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• criteria for making referral decisions</li> <li>• steps to follow in making a decision</li> <li>• forms, charts, graphs, etc., to help form your decision</li> <li>• descriptions of performance benchmarks</li> </ul>	<ul style="list-style-type: none"> <li>• Instructor's Manual (p. 3): The Jordan Scales describes itself as "diagnostic tool." Dr. Jordan feels that, after using his screening material, an instructor will know the dyslexia a student has and then move on to instruction based on that diagnosis.</li> <li>• There are many charts and forms for scoring and determining forms of dyslexia. There's the visual test (JVST, pp. 183–187), the writing test (JWST) and the oral test (JOST) on pp. 168–182, and the ADD test (pp. 188–194).</li> </ul>
<p><b>3. The time required to conduct the screening procedure is reasonable.</b></p> <p>This standard concerns the amount of time required to complete a screening. Length of time for administration can influence both the examiner's and the adult learner's performance.</p>	<p><b>Look for:</b> a description of the time required for administration, scoring, and interpretation.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• a statement of whether or not the test is timed, specifying times</li> <li>• minimum and maximum scoring times</li> <li>• estimate of time required for scoring and interpretation</li> </ul>	<ul style="list-style-type: none"> <li>• There is no indication of how long the tests take to administer.</li> <li>• No indication of time required to score results. (Seems as if it would be time-consuming, for there are approximately 30 tests to use.)</li> </ul>
<p><b>4. The screening material allows accommodations for individuals with disabilities.</b></p> <p>This standard concerns the accommodations required for persons already defined as having a disability (for example, low vision, physical disability, or psychiatric disability). Some accommodations may include extended time or an oral protocol, instead of a written one.</p>	<p><b>Look for:</b> a description of accommodations for individuals with disabilities.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• suggestions for specific accommodations linked to specific disabilities</li> <li>• a description of research validating appropriateness of the accommodations - for testing accuracy</li> </ul>	<ul style="list-style-type: none"> <li>• No mention of accommodations for persons with disabilities.</li> </ul>

STANDARDS	EVALUATION PROCESS	EVIDENCE
<p><b>5. The screening material adequately represents the full range of learning disabilities characteristics.</b></p> <p>This standard indicates the importance of screening for the different types of manifested learning disabilities, such as word recognition, math calculation, math reasoning, written and oral expression, listening comprehension, and reading comprehension.</p>	<p><b>Look for:</b> description of which learning disabilities characteristics may be assessed with the instrument.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• research validating the test for the specific learning disabilities characteristic(s) of interest</li> </ul>	<ul style="list-style-type: none"> <li>• The screening tests of this material only screen for dyslexia.</li> <li>• Instructor's Manual (pp. 11–46): It does include research regarding dyslexia and examples of each severity level.</li> </ul>
<p><b>6. The screening material is consistent with what is currently known about learning disabilities.</b></p> <p>In this standard, the emphasis is on whether the materials are consistent with current knowledge of learning disabilities. Learning disabilities assessment should change as our understanding about learning disabilities changes.</p>	<p><b>Look for:</b> a description of the basis for the test that is consistent with current learning disabilities theories.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• statements of theoretical basis for the test</li> <li>• explanations of learning disabilities consistent with specific theories (for example, neuropsychological, behavioral, developmental)</li> <li>• information about content validity</li> <li>• research of how the test items were developed and validated</li> </ul>	<ul style="list-style-type: none"> <li>• Instructor's Manual (p. 3): It states "many reading programs have been published, but few authors combine diagnosis of specific learning problems that block literacy with the remedial techniques component... The Jordan Prescriptives is the first to do so." This is the only statement as to "why" the material was created.</li> <li>• There are many pages of researched explanations, definitions, and case studies of dyslexia and its forms.</li> </ul>
<p><b>7. The screening material reliably measures the individual's learning characteristics.</b></p> <p>Tests used to screen persons with LD must accurately reflect a person's knowledge, skills, and abilities. Test must yield consistent results.</p>	<p><b>Look for:</b> research indicating the test's accuracy in measuring the individual's learning characteristics.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• temporal reliability (should be close to 1)</li> <li>• interrater reliability (should be close to 1)</li> <li>• standard error of measurement (should be low)</li> </ul>	<ul style="list-style-type: none"> <li>• No mention of reliability or SEM.</li> </ul>

# STANDARDS EVALUATION PROCESS EVIDENCE

<p><b>8. The screening material accurately predicts who may have a learning disability.</b></p> <p>Information should support use of the screening material for predicting who may and who may not have a learning disability.</p>	<p><b>Look for:</b></p> <p>a description of research that indicates the material is effective for adults similar to those you may be screening.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• predictive validity</li> <li>• classification accuracy</li> <li>• % correct decisions</li> </ul>	<ul style="list-style-type: none"> <li>• No mention of percentages or validity.</li> </ul>
<p><b>9. The screening material accurately predicts a learning disability regardless of a person's age, gender, race, ethnicity, or primary language.</b></p> <p>Dependent upon any of these factors, a screening material may be accurate/inaccurate, respectful/derogatory, relevant/irrelevant, motivating/unmotivating or meaningful/unmeaningful for a given individual.</p>	<p><b>Look for:</b></p> <p>a description of research which indicates the material is effective for adults similar to those you may be screening.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• research that included adults with similar characteristics to persons you will test</li> </ul>	<ul style="list-style-type: none"> <li>• There are many case studies showing examples of students with dyslexia and their work.</li> <li>• The examples contain descriptions of the students, including age (which varies from child through middle-aged adults) and gender, but no mention of their race, ethnicity or primary language.</li> <li>• Case studies on pp. 8–30 and pp. 196–203.</li> </ul>
<p><b>10. Research supports the links between screening procedures and instructional materials.</b></p> <p>Some screening procedures may include information to help you select instructional materials or practices.</p>	<p><b>Look for:</b></p> <p>research validating recommendations for instructional materials that are based on screening results.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• research results linking specific testing results with specific instructional options</li> <li>• descriptions of instructional options based upon specific testing outcomes</li> <li>• decision accuracy of using a particular intervention</li> </ul>	<ul style="list-style-type: none"> <li>• There is no research linking the test results with the instructional options in The Jordan Prescriptives.</li> <li>• (p. 73): States that, after administering the 7 tests, a teacher will see each student's strengths and weaknesses and be able to understand their needs and group them accordingly for instruction. Also says to use the tests to check if students have learned the intended skills.</li> </ul>

## National ALLD Center Report Card on Screening Instruments

**Screening Material** Koller Adolescent and Adult Behavior  
Scale, Revised  
 Publication Date 1995  
 Edition \_\_\_\_\_  
 Author James Koller  
 Publisher University of Missouri  
University of Missouri, 16 Hill Hall  
Columbia, MO 65211  
 Phone (573) 882-5096  
 Fax (573) 884-5989  
 Initial Cost \$2.00 Forms, \$7.00 Manual  
 Usage Cost \_\_\_\_\_

**Multiple Forms** ☐ Yes ☒ No  
**Administration Setting** ☒ Individual ☒ Group  
**Administration Format** Interview  
**Observational Checklist** ☐ Self-Report ☐ Task Completion  
**Non-English Version** ☒ No ☐ Yes (Specify) \_\_\_\_\_  
**Target Population/** adolescents and adults with suspected learning  
**Learner Level(s)** disabilities  
**Features** respondents may be any significant other who has observed  
the target individuals over time in a variety of situations; computer-  
generated scoring package is available  
**What & How It Measures** observed behaviors by a third person with a 36-item  
multidimensional measure (such as obedience, memory, auditory stimuli, verbal repetitions):  
6 subscales assess the following: behavior problems, information processing problems, perceptual  
organization problems, poor task persistence, negative self-evaluations, and social isolation.

### STANDARDS

### EVALUATION PROCESS

### EVIDENCE

#### 1. The requirements for learning to use the screening material are reasonable.

The standard concerns information about the procedures, including length of time and effort required to learn the materials and become proficient at administration.

#### Look for:

a description of the requirements for learning to use the screening procedures.

#### You should find:

- a description of training experiences
- a description of who should administer the screening
- estimate of time for learning the procedures

- (p. 1): of the manual states that it is "user friendly."
- The people involved can be "parents, spouses, teachers, counselors, or any significant other who has had the opportunity to observe the individual..." (p. 1-2).
- (pp. 22-27): Give descriptions of subscales and reference to T/raw scores of each. No indications of how long this all takes.

# STANDARDS EVALUATION PROCESS EVIDENCE

<p><b>2. Guidelines regarding whether or not to refer the individual for further testing are clear and reasonable.</b></p> <p>This standard concerns the steps and information to be considered in deciding whether to refer the individual for assessment of a possible learning disability.</p>	<p><b>Look for:</b> guidelines for determining whether or not to refer the individual for further testing.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• criteria for making referral decisions</li> <li>• steps to follow in making a decision</li> <li>• forms, charts, graphs, etc., to help form your decision</li> <li>• descriptions of performance benchmarks</li> </ul>	<ul style="list-style-type: none"> <li>• (pp. 19–20): Tells how to score the material depending on how many of certain #'s were circled on certain questions.</li> <li>• (p. 19): Gives the criteria for referral. (The subscales can then be calculated by raw score and ranged low, average or high with low reflecting low level of problems and vice versa. These raw scores can be converted to T-scores in Appendix B (pp. 51–54). A score here of 60 or higher indicates further procedures need to be taken, less than 40 are not significant.)</li> </ul>
<p><b>3. The time required to conduct the screening procedure is reasonable.</b></p> <p>This standard concerns the amount of time required to complete a screening. Length of time for administration can influence both the examiner's and the adult learner's performance.</p>	<p><b>Look for:</b> a description of the time required for administration, scoring, and interpretation.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• a statement of whether or not the test is timed, specifying times</li> <li>• minimum and maximum scoring times</li> <li>• estimate of time required for scoring and interpretation</li> </ul>	<ul style="list-style-type: none"> <li>• (p. 2): States that it takes 5–10 minutes to complete the form.</li> <li>• (p. 19): States that the average time to complete is 10 minutes or range from 7–15 minutes.</li> <li>• No indication of how long it takes to score the test.</li> </ul>
<p><b>4. The screening material allows accommodations for individuals with disabilities.</b></p> <p>This standard concerns the accommodations required for persons already defined as having a disability (for example, low vision, physical disability, or psychiatric disability). Some accommodations may include extended time or an oral protocol, instead of a written one.</p>	<p><b>Look for:</b> a description of accommodations for individuals with disabilities.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• suggestions for specific accommodations linked to specific disabilities</li> <li>• a description of research validating appropriateness of the accommodations - for testing accuracy</li> </ul>	<ul style="list-style-type: none"> <li>• (p. 16): No accommodations for person being evaluated are given. Does state that the person filling out the evaluation form needs to have a 9th-grade reading level and may be allowed to read the information aloud if necessary.</li> </ul>



# STANDARDS EVALUATION PROCESS EVIDENCE

<p><b>5. The screening material adequately represents the full range of learning disabilities characteristics.</b></p> <p>This standard indicates the importance of screening for the different types of manifested learning disabilities, such as word recognition, math calculation, math reasoning, written and oral expression, listening comprehension, and reading comprehension.</p>	<p><b>Look for:</b> description of which learning disabilities characteristics may be assessed with the instrument.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• research validating the test for the specific learning disabilities characteristic(s) of interest</li> </ul>	<ul style="list-style-type: none"> <li>• Manual (p. 13): States that, “The factors identified are measures of characteristics that have been precisely documented in the research.”</li> <li>• (pp. 12–16): Describes the development of the subscales that are addressed in the material. No mention of math or literacy specifically, per se – it’s more for social and behavioral problems slightly tied to verbal skills, i.e. behavior problems, information processing problems, negative self-evaluation (examples given on p. 1).</li> </ul>
<p><b>6. The screening material is consistent with what is currently known about learning disabilities.</b></p> <p>In this standard, the emphasis is on whether the materials are consistent with current knowledge of learning disabilities. Learning disabilities assessment should change as our understanding about learning disabilities changes.</p>	<p><b>Look for:</b> a description of the basis for the test that is consistent with current learning disabilities theories.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• statements of theoretical basis for the test</li> <li>• explanations of learning disabilities consistent with specific theories (for example, neuropsychological, behavioral, developmental)</li> <li>• information about content validity</li> <li>• research of how the test items were developed and validated</li> </ul>	<ul style="list-style-type: none"> <li>• (pp. 12–17): Gives the “development of standardization of the KAABS-R.” The steps involved in development are included along with the 5 studies that were connected to its development and revision.</li> <li>• (p. 15): Says that the readability score was calculated to ensure that the items were understandable to the general public.</li> <li>• No information about content validity is mentioned.</li> </ul>
<p><b>7. The screening material reliably measures the individual’s learning characteristics.</b></p> <p>Tests used to screen persons with LD must accurately reflect a person’s knowledge, skills, and abilities. Test must yield consistent results.</p>	<p><b>Look for:</b> research indicating the test’s accuracy in measuring the individual’s learning characteristics.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• temporal reliability (should be close to 1)</li> <li>• interrater reliability (should be close to 1)</li> <li>• standard error of measurement (should be low)</li> </ul>	<ul style="list-style-type: none"> <li>• No mention of temporal, inter-rater reliability, or SEM.</li> </ul>

# STANDARDS EVALUATION PROCESS EVIDENCE

<p><b>8. The screening material accurately predicts who may have a learning disability.</b></p> <p>Information should support use of the screening material for predicting who may and who may not have a learning disability.</p>	<p><b>Look for:</b></p> <p>a description of research that indicates the material is effective for adults similar to those you may be screening.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• predictive validity</li> <li>• classification accuracy</li> <li>• % correct decisions</li> </ul>	<ul style="list-style-type: none"> <li>• No predictive reliability given. (However, T-tests were conducted comparing non-LD group and LD group. This showed that the mean scores for the non-LD group were lower than mean scores for the LD group.)</li> </ul>
<p><b>9. The screening material accurately predicts a learning disability regardless of a person's age, gender, race, ethnicity, or primary language.</b></p> <p>Dependent upon any of these factors, a screening material may be accurate/inaccurate, respectful/derogatory, relevant/irrelevant, motivating/unmotivating or meaningful/unmeaningful for a given individual.</p>	<p><b>Look for:</b></p> <p>a description of research which indicates the material is effective for adults similar to those you may be screening.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• research that included adults with similar characteristics to persons you will test</li> </ul>	<ul style="list-style-type: none"> <li>• (pp. 13–14): Gives make-up of studies 2 and 3 of the KAABI-R scale.</li> <li>• The studies include men and women of various age groups; no mention of ethnicity or primary language is given in these case studies.</li> </ul>
<p><b>10. Research supports the links between screening procedures and instructional materials.</b></p> <p>Some screening procedures may include information to help you select instructional materials or practices.</p>	<p><b>Look for:</b></p> <p>research validating recommendations for instructional materials that are based on screening results.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• research results linking specific testing results with specific instructional options</li> <li>• descriptions of instructional options based upon specific testing outcomes</li> <li>• decision accuracy of using a particular intervention</li> </ul>	<ul style="list-style-type: none"> <li>• No mention of what instructional material to use next; merely presumes LD associated characteristics.</li> </ul>



## National ALLD Center Report Card on Screening Instruments

<b>Screening Material</b>	<u>MATILDA (Mississippi Assessment Technique for Identifying Learning Disabilities in Adults)</u>	<b>Multiple Forms</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Publication Date	<u>1995</u>	<b>Administration Setting</b>	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Group
Edition		<b>Administration Format</b>	<u>Interview</u>
Author	<u>R. Grubb, V. Hemby, J. Walker, W. L. Pierce</u>	<b>Observational Checklist</b>	<input type="checkbox"/> Self-Report <input checked="" type="checkbox"/> Task Completion
<b>Publisher</b>	<u>University of Southern Mississippi</u>	<b>Non-English Version</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Specify) _____
Address	<u>Southern Station Box 584 9</u>	<b>Target Population/</b>	<u>for adult assessment by parents, teachers, or</u>
Phone	<u>Hattiesburg, MS 39406</u>	<b>Learner Level(s)</b>	<u>other professionals</u>
Fax	<u>(601) 266-4621</u>	<b>Features</b>	<u>identifies consistent errors within categories and the potential need for further testing.</u>
<b>Initial Cost</b>	<u>None</u>	<b>What &amp; How It Measures</b>	<u>deficiencies in information input, output, and processing through five categories: primary skills, organizational skills, auditory input, visual input, and math skills.</u>
<b>Usage Cost</b>			

### S T A N D A R D S

### E V A L U A T I O N P R O C E S S

### E V I D E N C E

#### 1. The requirements for learning to use the screening material are reasonable.

The standard concerns information about the procedures, including length of time and effort required to learn the materials and become proficient at administration.

#### Look for:

a description of the requirements for learning to use the screening procedures.

#### You should find:

- a description of training experiences
- a description of who should administer the screening
- estimate of time for learning the procedures

- There is no indication of training requirements, of who should administer, or of what they need to know.

# STANDARDS EVALUATION PROCESS EVIDENCE

<p><b>2. Guidelines regarding whether or not to refer the individual for further testing are clear and reasonable.</b></p> <p>This standard concerns the steps and information to be considered in deciding whether to refer the individual for assessment of a possible learning disability.</p>	<p><b>Look for:</b> guidelines for determining whether or not to refer the individual for further testing.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• criteria for making referral decisions</li> <li>• steps to follow in making a decision</li> <li>• forms, charts, graphs, etc., to help form your decision</li> <li>• descriptions of performance benchmarks</li> </ul>	<ul style="list-style-type: none"> <li>• The form “Analysis of Results” states four guidelines for referral based on the number of “yes” responses to the questions.</li> </ul>
<p><b>3. The time required to conduct the screening procedure is reasonable.</b></p> <p>This standard concerns the amount of time required to complete a screening. Length of time for administration can influence both the examiner’s and the adult learner’s performance.</p>	<p><b>Look for:</b> a description of the time required for administration, scoring, and interpretation.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• a statement of whether or not the test is timed, specifying times</li> <li>• minimum and maximum scoring times</li> <li>• estimate of time required for scoring and interpretation</li> </ul>	<ul style="list-style-type: none"> <li>• There is no indication regarding time, though 30 minutes approximation.</li> </ul>
<p><b>4. The screening material allows accommodations for individuals with disabilities.</b></p> <p>This standard concerns the accommodations required for persons already defined as having a disability (for example, low vision, physical disability, or psychiatric disability). Some accommodations may include extended time or an oral protocol, instead of a written one.</p>	<p><b>Look for:</b> a description of accommodations for individuals with disabilities.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• suggestions for specific accommodations linked to specific disabilities</li> <li>• a description of research validating appropriateness of the accommodations - for testing accuracy</li> </ul>	<ul style="list-style-type: none"> <li>• The material does not indicate any accommodations for individuals with disabilities. (States that students being screened must have normal vision and hearing.)</li> </ul>

# STANDARDS EVALUATION PROCESS EVIDENCE

<p><b>5. The screening material adequately represents the full range of learning disabilities characteristics.</b></p> <p>This standard indicates the importance of screening for the different types of manifested learning disabilities, such as word recognition, math calculation, math reasoning, written and oral expression, listening comprehension, and reading comprehension.</p>	<p><b>Look for:</b> description of which learning disabilities characteristics may be assessed with the instrument.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• research validating the test for the specific learning disabilities characteristic(s) of interest</li> </ul>	<ul style="list-style-type: none"> <li>• Areas covered are primary skills, organizational skills, addition, input, and math skills.</li> <li>• There is no indication of research, nor why these topics are the ones chosen to be covered by the material.</li> </ul>
<p><b>6. The screening material is consistent with what is currently known about learning disabilities.</b></p> <p>In this standard, the emphasis is on whether the materials are consistent with current knowledge of learning disabilities. Learning disabilities assessment should change as our understanding about learning disabilities changes.</p>	<p><b>Look for:</b> a description of the basis for the test that is consistent with current learning disabilities theories.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• statements of theoretical basis for the test</li> <li>• explanations of learning disabilities consistent with specific theories (for example, neuropsychological, behavioral, developmental)</li> <li>• information about content validity</li> <li>• research of how the test items were developed and validated</li> </ul>	<ul style="list-style-type: none"> <li>• No statements for theoretical basis for the test.</li> <li>• No information on validity or development is given.</li> </ul>
<p><b>7. The screening material reliably measures the individual's learning characteristics.</b></p> <p>Tests used to screen persons with LD must accurately reflect a person's knowledge, skills, and abilities. Test must yield consistent results.</p>	<p><b>Look for:</b> research indicating the test's accuracy in measuring the individual's learning characteristics.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• temporal reliability (should be close to 1)</li> <li>• interrater reliability (should be close to 1)</li> <li>• standard error of measurement (should be low)</li> </ul>	<ul style="list-style-type: none"> <li>• No temporal, inter-rater reliability, or SEM mentioned.</li> </ul>

# STANDARDS EVALUATION PROCESS EVIDENCE

<p><b>8. The screening material accurately predicts who may have a learning disability.</b></p> <p>Information should support use of the screening material for predicting who may and who may not have a learning disability.</p>	<p><b>Look for:</b></p> <p>a description of research that indicates the material is effective for adults similar to those you may be screening.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• predictive validity</li> <li>• classification accuracy</li> <li>• % correct decisions</li> </ul>	<ul style="list-style-type: none"> <li>• No predictive validity or other percentages given.</li> </ul>
<p><b>9. The screening material accurately predicts a learning disability regardless of a person's age, gender, race, ethnicity, or primary language.</b></p> <p>Dependent upon any of these factors, a screening material may be accurate/inaccurate, respectful/derogatory, relevant/irrelevant, motivating/unmotivating or meaningful/unmeaningful for a given individual.</p>	<p><b>Look for:</b></p> <p>a description of research which indicates the material is effective for adults similar to those you may be screening.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• research that included adults with similar characteristics to persons you will test</li> </ul>	<ul style="list-style-type: none"> <li>• No indication of research. (It states only that students must "have normal or corrected vision and hearing and the student's IQ [must fall] within the normal limits" [in the instructor's notes for administering the screening]).</li> </ul>
<p><b>10. Research supports the links between screening procedures and instructional materials.</b></p> <p>Some screening procedures may include information to help you select instructional materials or practices.</p>	<p><b>Look for:</b></p> <p>research validating recommendations for instructional materials that are based on screening results.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• research results linking specific testing results with specific instructional options</li> <li>• descriptions of instructional options based upon specific testing outcomes</li> <li>• decision accuracy of using a particular intervention</li> </ul>	<ul style="list-style-type: none"> <li>• No links between instruction and screening identified or discussed via research.</li> </ul>

## National ALLD Center Report Card on Screening Instruments

<b>Screening Material</b>	Payne Learning Needs Inventory	<b>Multiple Forms</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Publication Date	1997	<b>Administration Setting</b>	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group
Edition	Basic Skill Ed.	<b>Administration Format</b>	Interview
Author	Nancie Payne	<b>Observational Checklist</b>	<input checked="" type="checkbox"/> Self-Report <input type="checkbox"/> Task Completion
<b>Publisher</b>	Payne & Associates 205 Lilly Road NE, Bldg. B Olympia, WA 98506-5070	<b>Non-English Version</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Specify) _____
Address		<b>Target Population/</b>	<i>assists Adult Basic Education and special learn-</i>
Phone	(360) 491-7600	<b>Learner Level(s)</b>	<i>ing needs instructors, GED and ESL programs.</i>
Fax	(360) 491-0196	<b>Features</b>	<i>glossary of various learning disability terms.</i>
<b>Initial Cost</b>	None	<b>What &amp; How It Measures</b>	<i>students with different learning needs;</i>
<b>Usage Cost</b>	Training Cost (negotiable)		<i>long and short learning needs inventories.</i>

### S T A N D A R D S

### E V A L U A T I O N   P R O C E S S

### E V I D E N C E

#### 1. The requirements for learning to use the screening material are reasonable.

The standard concerns information about the procedures, including length of time and effort required to learn the materials and become proficient at administration.

#### Look for:

a description of the requirements for learning to use the screening procedures.

#### You should find:

- a description of training experiences
- a description of who should administer the screening
- estimate of time for learning the procedures

- Special learning needs learning inventory training (cover): For ABE, GED, and ESL instructors; training is required.
- Training depends on current level of knowledge and ranges from 3 days in 2 sessions to 7 days in 3 sessions.

# STANDARDS EVALUATION PROCESS EVIDENCE

<p><b>2. Guidelines regarding whether or not to refer the individual for further testing are clear and reasonable.</b></p> <p>This standard concerns the steps and information to be considered in deciding whether to refer the individual for assessment of a possible learning disability.</p>	<p><b>Look for:</b> guidelines for determining whether or not to refer the individual for further testing.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• criteria for making referral decisions</li> <li>• steps to follow in making a decision</li> <li>• forms, charts, graphs, etc., to help form your decision</li> <li>• descriptions of performance benchmarks</li> </ul>	<ul style="list-style-type: none"> <li>• Inventory summary sheet categorizes strengths and weaknesses into 10 areas (such as verbal, attention, visual-motor, etc.), with scoring percentage-based on responses. If significant learning difficulty is indicated, referral for professional diagnosis is recommended.</li> </ul>
<p><b>3. The time required to conduct the screening procedure is reasonable.</b></p> <p>This standard concerns the amount of time required to complete a screening. Length of time for administration can influence both the examiner's and the adult learner's performance.</p>	<p><b>Look for:</b> a description of the time required for administration, scoring, and interpretation.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• a statement of whether or not the test is timed, specifying times</li> <li>• minimum and maximum scoring times</li> <li>• estimate of time required for scoring and interpretation</li> </ul>	<ul style="list-style-type: none"> <li>• Administration is not timed, though approximations: 1 hour for long form; 15–30 minutes scoring and interpretation.</li> </ul>
<p><b>4. The screening material allows accommodations for individuals with disabilities.</b></p> <p>This standard concerns the accommodations required for persons already defined as having a disability (for example, low vision, physical disability, or psychiatric disability). Some accommodations may include extended time or an oral protocol, instead of a written one.</p>	<p><b>Look for:</b> a description of accommodations for individuals with disabilities.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• suggestions for specific accommodations linked to specific disabilities</li> <li>• a description of research validating appropriateness of the accommodations - for testing accuracy</li> </ul>	<ul style="list-style-type: none"> <li>• Self-report student version is in large print and in interview style so there is no reading or writing on behalf of the student.</li> <li>• No research provided regarding accommodations.</li> </ul>



# STANDARDS EVALUATION PROCESS EVIDENCE

<p><b>5. The screening material adequately represents the full range of learning disabilities characteristics.</b></p> <p>This standard indicates the importance of screening for the different types of manifested learning disabilities, such as word recognition, math calculation, math reasoning, written and oral expression, listening comprehension, and reading comprehension.</p>	<p><b>Look for:</b> description of which learning disabilities characteristics may be assessed with the instrument.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• research validating the test for the specific learning disabilities characteristic(s) of interest</li> </ul>	<ul style="list-style-type: none"> <li>• Questions address memory, reading, handwriting, organization, visual perception, members, etc., as well as background information, medical history, manifestations and learning preferences.</li> <li>• Purpose is not to screen for LD but for special learning needs, which may or may not include LD.</li> </ul>
<p><b>6. The screening material is consistent with what is currently known about learning disabilities.</b></p> <p>In this standard, the emphasis is on whether the materials are consistent with current knowledge of learning disabilities. Learning disabilities assessment should change as our understanding about learning disabilities changes.</p>	<p><b>Look for:</b> a description of the basis for the test that is consistent with current learning disabilities theories.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• statements of theoretical basis for the test</li> <li>• explanations of learning disabilities consistent with specific theories (for example, neuropsychological, behavioral, developmental)</li> <li>• information about content validity</li> <li>• research of how the test items were developed and validated</li> </ul>	<ul style="list-style-type: none"> <li>• Interim Report (p. ii): Thirteen items in instrument found to be particularly associated with a LD diagnosis. Eight items found to be particularly associated with other developmental needs. (pp. 1–5): Information on what may constitute an LD and how this instrument corresponds.</li> <li>• All questions are based on previously published research about learning, special learning needs, and learning disabilities.</li> </ul>
<p><b>7. The screening material reliably measures the individual's learning characteristics.</b></p> <p>Tests used to screen persons with LD must accurately reflect a person's knowledge, skills, and abilities. Test must yield consistent results.</p>	<p><b>Look for:</b> research indicating the test's accuracy in measuring the individual's learning characteristics.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• temporal reliability (should be close to 1)</li> <li>• interrater reliability (should be close to 1)</li> <li>• standard error of measurement (should be low)</li> </ul>	<ul style="list-style-type: none"> <li>• No temporal, interrater, or SEM reliability given.</li> </ul>

# STANDARDS EVALUATION PROCESS EVIDENCE

<p><b>8. The screening material accurately predicts who may have a learning disability.</b></p> <p>Information should support use of the screening material for predicting who may and who may not have a learning disability.</p>	<p><b>Look for:</b></p> <p>a description of research that indicates the material is effective for adults similar to those you may be screening.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• predictive validity</li> <li>• classification accuracy</li> <li>• % correct decisions</li> </ul>	<ul style="list-style-type: none"> <li>• DESS Interim Report (p. 17): Using “Red Flag” cutoff, correctly identified 64.3% of those with LD — errors were 3:1 false positive to false negative. Using “Pink Flag” cutoff, the overall accuracy decreased to 59.7%.</li> <li>• LNI (p. 74): Though use of “Flags” often mentioned in reference to degrees of “Learning Inventory Assessment,” there is no clear definition of how to initially categorize or score an individual into “Red,” “Orange,” or “Pink.”</li> </ul>
<p><b>9. The screening material accurately predicts a learning disability regardless of a person’s age, gender, race, ethnicity, or primary language.</b></p> <p>Dependent upon any of these factors, a screening material may be accurate/inaccurate, respectful/derogatory, relevant/irrelevant, motivating/unmotivating or meaningful/unmeaningful for a given individual.</p>	<p><b>Look for:</b></p> <p>a description of research which indicates the material is effective for adults similar to those you may be screening.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• research that included adults with similar characteristics to persons you will test</li> </ul>	<ul style="list-style-type: none"> <li>• DESS Interim Report (pp. 6, 7): Demographics of sites, giving sex, case type, number of children, ethnicity, age, and education; no breakdown of primary language, though used most on native English speakers.</li> <li>• No specific studies of bias.</li> </ul>
<p><b>10. Research supports the links between screening procedures and instructional materials.</b></p> <p>Some screening procedures may include information to help you select instructional materials or practices.</p>	<p><b>Look for:</b></p> <p>research validating recommendations for instructional materials that are based on screening results.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• research results linking specific testing results with specific instructional options</li> <li>• descriptions of instructional options based upon specific testing outcomes</li> <li>• decision accuracy of using a particular intervention</li> </ul>	<ul style="list-style-type: none"> <li>• No research provided.</li> <li>• Selection of appropriate accommodations depends on results and learners specific needs.</li> </ul>



## National ALLD Center Report Card on Screening Instruments

<b>Screening Material</b>	Phoenix Specific LD Quick Screen for Adults	Multiple Forms <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Publication Date	1989	Administration Setting <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group	
Edition		Administration Format Interview	
Author		Observational Checklist <input checked="" type="checkbox"/> Self-Report <input checked="" type="checkbox"/> Task Completion	
		Non-English Version <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Specify) _____	
<b>Publisher</b>	William Butler	Target Population/ adults 15 years and older.	
Address	P.O. Box 32611	Learner Level(s) _____	
Phone	Phoenix, AZ 85064-2611	Features _____	
<b>Initial Cost</b>	\$3.00	<b>What &amp; How It Measures</b> <u>probability of specific learning disability (SLD); 2 sections: 1) checklist/interview of individual history and behaviors and 2) test items to detect perceptual problems.</u>	
<b>Usage Cost</b>	PC Cost		
<b>S T A N D A R D S</b>		<b>E V A L U A T I O N</b>	<b>P R O C E S S</b>
<b>1. The requirements for learning to use the screening material are reasonable.</b> The standard concerns information about the procedures, including length of time and effort required to learn the materials and become proficient at administration.		<b>Look for:</b> a description of the requirements for learning to use the screening procedures. <b>You should find:</b> <ul style="list-style-type: none"> <li>a description of training experiences</li> <li>a description of who should administer the screening</li> <li>estimate of time for learning the procedures</li> </ul>	
		• No description of training required or who should administer.	

# STANDARDS EVALUATION PROCESS EVIDENCE

<p><b>2. Guidelines regarding whether or not to refer the individual for further testing are clear and reasonable.</b></p> <p>This standard concerns the steps and information to be considered in deciding whether to refer the individual for assessment of a possible learning disability.</p>	<p><b>Look for:</b> guidelines for determining whether or not to refer the individual for further testing.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• criteria for making referral decisions</li> <li>• steps to follow in making a decision</li> <li>• forms, charts, graphs, etc., to help form your decision</li> <li>• descriptions of performance benchmarks</li> </ul>	<ul style="list-style-type: none"> <li>• (Test I): Checklist in section 1: refer to psychologist or person qualified in LD – is a composite of sections 1 and 2. &lt; 18 suggests SLD.</li> <li>• (Test III): Section one: score of &lt; or = 7 suggests SLD. Section two: &lt; or = 10 points suggests SLD.</li> </ul>
<p><b>3. The time required to conduct the screening procedure is reasonable.</b></p> <p>This standard concerns the amount of time required to complete a screening. Length of time for administration can influence both the examiner's and the adult learner's performance.</p>	<p><b>Look for:</b> a description of the time required for administration, scoring, and interpretation.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• a statement of whether or not the test is timed, specifying times</li> <li>• minimum and maximum scoring times</li> <li>• estimate of time required for scoring and interpretation</li> </ul>	<ul style="list-style-type: none"> <li>• (Test III): Section 1 not timed.</li> <li>• (Test IV): Section two should be completed in no more than 20 minutes.</li> <li>• No scoring time given.</li> </ul>
<p><b>4. The screening material allows accommodations for individuals with disabilities.</b></p> <p>This standard concerns the accommodations required for persons already defined as having a disability (for example, low vision, physical disability, or psychiatric disability). Some accommodations may include extended time or an oral protocol, instead of a written one.</p>	<p><b>Look for:</b> a description of accommodations for individuals with disabilities.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• suggestions for specific accommodations linked to specific disabilities</li> <li>• a description of research validating appropriateness of the accommodations - for testing accuracy</li> </ul>	<ul style="list-style-type: none"> <li>• No suggestions for accommodating individuals with disabilities.</li> </ul>

# STANDARDS EVALUATION PROCESS EVIDENCE

<p><b>5. The screening material adequately represents the full range of learning disabilities characteristics.</b></p> <p>This standard indicates the importance of screening for the different types of manifested learning disabilities, such as word recognition, math calculation, math reasoning, written and oral expression, listening comprehension, and reading comprehension.</p>	<p><b>Look for:</b> description of which learning disabilities characteristics may be assessed with the instrument.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• research validating the test for the specific learning disabilities characteristic(s) of interest</li> </ul>	<ul style="list-style-type: none"> <li>• Test covers basic math skills, comprehension, and observation of reading and writing skills for potential SLD.</li> <li>• No research validating these areas as appropriate.</li> </ul>
<p><b>6. The screening material is consistent with what is currently known about learning disabilities.</b></p> <p>In this standard, the emphasis is on whether the materials are consistent with current knowledge of learning disabilities. Learning disabilities assessment should change as our understanding about learning disabilities changes.</p>	<p><b>Look for:</b> a description of the basis for the test that is consistent with current learning disabilities theories.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• statements of theoretical basis for the test</li> <li>• explanations of learning disabilities consistent with specific theories (for example, neuropsychological, behavioral, developmental)</li> <li>• information about content validity</li> <li>• research of how the test items were developed and validated</li> </ul>	<ul style="list-style-type: none"> <li>• (Butler letter): PSLD — bring unfair issues into focus — existence of hidden disability — did not grow out of “rigorous scientific method.”</li> <li>• No validity.</li> <li>• (Test 1): PSLD suggests probability of SLD.</li> <li>• “LD information” article does give LD information generally, but no connection with it to PLD Q-S material.</li> </ul>
<p><b>7. The screening material reliably measures the individual's learning characteristics.</b></p> <p>Tests used to screen persons with LD must accurately reflect a person's knowledge, skills, and abilities. Test must yield consistent results.</p>	<p><b>Look for:</b> research indicating the test's accuracy in measuring the individual's learning characteristics.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• temporal reliability (should be close to 1)</li> <li>• interrater reliability (should be close to 1)</li> <li>• standard error of measurement (should be low)</li> </ul>	<ul style="list-style-type: none"> <li>• (Butler letter): No technical report addressing reliability, validity, and SEM.</li> </ul>

# STANDARDS EVALUATION PROCESS EVIDENCE

<p><b>8. The screening material accurately predicts who may have a learning disability.</b></p> <p>Information should support use of the screening material for predicting who may and who may not have a learning disability.</p>	<p><b>Look for:</b></p> <p>a description of research that indicates the material is effective for adults similar to those you may be screening.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• predictive validity</li> <li>• classification accuracy</li> <li>• % correct decisions</li> </ul>	<ul style="list-style-type: none"> <li>• (Butler letter): No technical report addressing reliability, validity, or standardization. Improved over 2 years of development; however no exact numbers given.</li> </ul>
<p><b>9. The screening material accurately predicts a learning disability regardless of a person's age, gender, race, ethnicity, or primary language.</b></p> <p>Dependent upon any of these factors, a screening material may be accurate/inaccurate, respectful/derogatory, relevant/irrelevant, motivating/unmotivating or meaningful/unmeaningful for a given individual.</p>	<p><b>Look for:</b></p> <p>a description of research which indicates the material is effective for adults similar to those you may be screening.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• research that included adults with similar characteristics to persons you will test</li> </ul>	<ul style="list-style-type: none"> <li>• (Butler letter): No technical report addressing reliability, validity, or standardization.</li> </ul>
<p><b>10. Research supports the links between screening procedures and instructional materials.</b></p> <p>Some screening procedures may include information to help you select instructional materials or practices.</p>	<p><b>Look for:</b></p> <p>research validating recommendations for instructional materials that are based on screening results.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• research results linking specific testing results with specific instructional options</li> <li>• descriptions of instructional options based upon specific testing outcomes</li> <li>• decision accuracy of using a particular intervention</li> </ul>	<ul style="list-style-type: none"> <li>• (Butler letter): No technical report addressing reliability, validity, and standardization.</li> </ul>

## National ALLD Center Report Card on Screening Instruments

<b>Screening Material</b>	PowerPath to Adult Basic Learning*	<b>Multiple Forms</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Publication Date	1993	<b>Administration Setting</b>	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group
Edition	1st	<b>Administration Format</b>	Interview
Author	Dr. Laura P. Weisel, Ph.D.	<b>Observational Checklist</b>	<input checked="" type="checkbox"/> Self-Report <input checked="" type="checkbox"/> Task Completion
		<b>Non-English Version</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Specify) <u>Spanish</u>
<b>Publisher</b>	The TLP Group	<b>Target Population/</b>	<u>young adults to older adults; vision and hearing screening valid for all lev-</u>
Address	PO Box 1235	<b>Learner Level(s)</b>	<u>els; full screening targets individuals functioning below 8.0</u>
Phone	Columbus, OH 43216-1235	<b>Features</b>	<u>standardized interview and screening software analyzes</u>
Fax	(800) 641-3632		<u>results and recommends easy-to-use accommodations to support</u>
	(614) 481-7989	<b>What &amp; How It Measures</b>	<u>visual and auditory functions; reading</u>
<b>Initial Cost</b>	Starter Kit \$2,495; 100 Consumables \$395		<u>encoding and decoding; visual and auditory processing</u>
<b>Usage Cost</b>			

### S T A N D A R D S

### E V A L U A T I O N P R O C E S S

### E V I D E N C E

#### 1. The requirements for learning to use the screening material are reasonable.

The standard concerns information about the procedures, including length of time and effort required to learn the materials and become proficient at administration.

**Look for:**  
a description of the requirements for learning to use the screening procedures.

#### **You should find:**

- a description of training experiences
- a description of who should administer the screening
- estimate of time for learning the procedures

- User's Guide and Test Plates offer instruction for proper administration, and toll-free number offers technical assistance.
- Can be administered by a wide variety of individuals, including intake interviewers, instructors, volunteers, and counselors. Attending Certification Training is highly recommended.
- Certification Training are for 2.5 days held in various locations throughout the USA.
- Self-instruction takes approximately 8–15 hrs. and familiarity with User's Guide and Test Plates.

\* Accommodations are available for Spanish speaking learners. A standardized screening for ADD (in collaboration with Dr. Dale Jordan) and a Windows 95 version of the software that will have both academic and workplace accommodations will be added in 1998.

# STANDARDS EVALUATION PROCESS EVIDENCE

<p><b>2. Guidelines regarding whether or not to refer the individual for further testing are clear and reasonable.</b></p> <p>This standard concerns the steps and information to be considered in deciding whether to refer the individual for assessment of a possible learning disability.</p>	<p><b>Look for:</b> guidelines for determining whether or not to refer the individual for further testing.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• criteria for making referral decisions</li> <li>• steps to follow in making a decision</li> <li>• forms, charts, graphs, etc., to help form your decision</li> <li>• descriptions of performance benchmarks</li> </ul>	<ul style="list-style-type: none"> <li>• A referral form will be printed in the Individual Report when any portion of the Visual Function Screening or Auditory Function Screening is noted as a weakness. Referrals for additional testing for diagnosing LDs can be based upon an individual's Degree of Learning Difficulty rating.</li> </ul>
<p><b>3. The time required to conduct the screening procedure is reasonable.</b></p> <p>This standard concerns the amount of time required to complete a screening. Length of time for administration can influence both the examiner's and the adult learner's performance.</p>	<p><b>Look for:</b> a description of the time required for administration, scoring, and interpretation.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• a statement of whether or not the test is timed, specifying times</li> <li>• minimum and maximum scoring times</li> <li>• estimate of time required for scoring and interpretation</li> </ul>	<ul style="list-style-type: none"> <li>• Not a timed test, although Personal Profile interview and Diagnostic Screening take approximately 90 minutes.</li> <li>• Diagnostic Screening can be scored in less than 5 minutes. Data entry into software takes 3–5 minutes. Individual Report generated by the software, can be read by the instructor in 5 minutes and reviewed with a participant in approximately 15–20 minutes.</li> </ul>
<p><b>4. The screening material allows accommodations for individuals with disabilities.</b></p> <p>This standard concerns the accommodations required for persons already defined as having a disability (for example, low vision, physical disability, or psychiatric disability). Some accommodations may include extended time or an oral protocol, instead of a written one.</p>	<p><b>Look for:</b> a description of accommodations for individuals with disabilities.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• suggestions for specific accommodations linked to specific disabilities</li> <li>• a description of research validating appropriateness of the accommodations - for testing accuracy</li> </ul>	<ul style="list-style-type: none"> <li>• No specific accommodations given, though User's Guide states that assessments can be modified to meet individual needs.</li> <li>• Certification Training does cover accommodating participants with all types of disabilities.</li> </ul>



# STANDARDS EVALUATION PROCESS EVIDENCE

<p><b>5. The screening material adequately represents the full range of learning disabilities characteristics.</b></p> <p>This standard indicates the importance of screening for the different types of manifested learning disabilities, such as word recognition, math calculation, math reasoning, written and oral expression, listening comprehension, and reading comprehension.</p>	<p><b>Look for:</b> description of which learning disabilities characteristics may be assessed with the instrument.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• research validating the test for the specific learning disabilities characteristic(s) of interest</li> </ul>	<ul style="list-style-type: none"> <li>• User's Guide (Part 1:1): Screens for learning differences and how participants learn effectively.</li> <li>• Test results along with observations can be used to screen for dyslexia, dysgraphia, dyslexic, and attention deficits.</li> </ul>
<p><b>6. The screening material is consistent with what is currently known about learning disabilities.</b></p> <p>In this standard, the emphasis is on whether the materials are consistent with current knowledge of learning disabilities. Learning disabilities assessment should change as our understanding about learning disabilities changes.</p>	<p><b>Look for:</b> a description of the basis for the test that is consistent with current learning disabilities theories.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• statements of theoretical basis for the test</li> <li>• explanations of learning disabilities consistent with specific theories (for example, neuropsychological, behavioral, developmental)</li> <li>• information about content validity</li> <li>• research of how the test items were developed and validated</li> </ul>	<ul style="list-style-type: none"> <li>• Based on current theory and best practices for screening and developing interventions for adults suspected of having LDs. It is a holistic approach incorporating theory and practice from fields of adult learning, LDs, vocational rehabilitation, neuro- and cognitive psychology, transformational counseling, mental health, and treatment for substance abuse.</li> <li>• User's Guide: PowerPath builds upon the ABE screening procedure known as The London Procedure: a Screening, Diagnostic, and Teaching Guide for Adult Learning Problems developed by Dr. Weisel. Studies from The London Procedure are included, while research for the validity and reliability of PowerPath itself are still in progress.</li> </ul>
<p><b>7. The screening material reliably measures the individual's learning characteristics.</b></p> <p>Tests used to screen persons with LD must accurately reflect a person's knowledge, skills, and abilities. Test must yield consistent results.</p>	<p><b>Look for:</b> research indicating the test's accuracy in measuring the individual's learning characteristics.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• temporal reliability (should be close to 1)</li> <li>• interrater reliability (should be close to 1)</li> <li>• standard error of measurement (should be low)</li> </ul>	<ul style="list-style-type: none"> <li>• User's Guide: Power Path has been developed over the past 23 years, based on the ABE screening procedure known as The London Procedure: a Screening, Diagnostic, and Teaching Guide for Adult Learning Problems developed by Dr. Weisel. Studies from The London Procedure are included, while research for the validity and reliability of PowerPath itself is still in progress.</li> </ul>

## STANDARDS

## EVALUATION PROCESS

## EVIDENCE

<p><b>8. The screening material accurately predicts who may have a learning disability.</b></p> <p>Information should support use of the screening material for predicting who may and who may not have a learning disability.</p>	<p><b>Look for:</b></p> <p>a description of research that indicates the material is effective for adults similar to those you may be screening.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• predictive validity</li> <li>• classification accuracy</li> <li>• % correct decisions</li> </ul>	<ul style="list-style-type: none"> <li>• Identifies individuals who are at risk of being clinically diagnosed as having a LD.</li> <li>• Scores from the Diagnostic Screening are weighed to determine a Degree of Learning Difficulty. These weights were statistically derived to predict how a participant would perform if administered the Woodcock Johnson Psycho-Educational Battery.</li> <li>• Used to screen participants in a literacy program for inclusion in a research study found 50 adults having a severe degree of LD. Additional assessments administered by a licensed psychologist found over 85% of these to individuals to be diagnosed as LD.</li> <li>• User's Guide (pp. 16–17): includes general obtained</li> </ul>
<p><b>9. The screening material accurately predicts a learning disability regardless of a person's age, gender, race, ethnicity, or primary language.</b></p> <p>Dependent upon any of these factors, a screening material may be accurate/inaccurate, respectful/derogatory, relevant/irrelevant, motivating/unmotivating or meaningful/unmeaningful for a given individual.</p>	<p><b>Look for:</b></p> <p>a description of research which indicates the material is effective for adults similar to those you may be screening.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• research that included adults with similar characteristics to persons you will test</li> </ul>	<p>from a pilot study of The London Procedure in the development of Power Path, though this does not include basic demographics of age, gender, race, ethnicity, or primary language. Further studies in progress.</p> <ul style="list-style-type: none"> <li>• Targets adults at the 0.0–0.7 instructional reading level. Vision and hearing screening can be administered separately to individuals functioning at any level.</li> </ul>
<p><b>10. Research supports the links between screening procedures and instructional materials.</b></p> <p>Some screening procedures may include information to help you select instructional materials or practices.</p>	<p><b>Look for:</b></p> <p>research validating recommendations for instructional materials that are based on screening results.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• research results linking specific testing results with specific instructional options</li> <li>• descriptions of instructional options based upon specific testing outcomes</li> <li>• decision accuracy of using a particular intervention</li> </ul>	<ul style="list-style-type: none"> <li>• Includes steps that link results from the Diagnostic Screening to learning.</li> </ul>



## National ALLD Center Report Card on Screening Instruments

<b>Screening Material</b>	Slingerland High School Level Screening*	<b>Multiple Forms</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Publication Date</b>	1993	<b>Administration Setting</b>	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Group
<b>Edition</b>		<b>Administration Format</b>	Interview
<b>Author</b>		<b>Observational Checklist</b>	<input type="checkbox"/> Self-Report <input checked="" type="checkbox"/> Task Completion
<b>Publisher</b>	Educators Publishing Service	<b>Non-English Version</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Specify) <u>Spanish</u>
<b>Address</b>	31 Smith Place	<b>Target Population/</b>	<u>high school students and college freshmen.</u>
<b>Phone</b>	Cambridge, MA 02138	<b>Learner Level(s)</b>	
<b>Fax</b>	(800) 225-5750	<b>Features</b>	<u>detailed assessment on tasks (can be group administered);</u>
<b>Initial Cost</b>	(617) 547-0412		
<b>Usage Cost</b>	Teacher's Manual \$11.35; 30 cards and 2 charts \$15.95; 12 tests \$15.95	<b>What &amp; How It Measures</b>	<u>learning strengths and weaknesses</u>
			<u>through 10 tests that evaluate kinesthetic-motor ability, visual perception, and auditory memory and perception skills associated with</u>
			<u>the two.</u>

### S T A N D A R D S

### E V A L U A T I O N P R O C E S S

### E V I D E N C E

#### 1. The requirements for learning to use the screening material are reasonable.

The standard concerns information about the procedures, including length of time and effort required to learn the materials and become proficient at administration.

#### Look for:

a description of the requirements for learning to use the screening procedures.

#### You should find:

- a description of training experiences
- a description of who should administer the screening
- estimate of time for learning the procedures

- Catalog: authors clearly and thoroughly prepare teachers for administering, scoring and evaluating the tests.
- No mention of who should administer.
- No mention of time required to learn.

# STANDARDS EVALUATION PROCESS EVIDENCE

<p><b>2. Guidelines regarding whether or not to refer the individual for further testing are clear and reasonable.</b></p> <p>This standard concerns the steps and information to be considered in deciding whether to refer the individual for assessment of a possible learning disability.</p>	<p><b>Look for:</b> guidelines for determining whether or not to refer the individual for further testing.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• criteria for making referral decisions</li> <li>• steps to follow in making a decision</li> <li>• forms, charts, graphs, etc., to help form your decision</li> <li>• descriptions of performance benchmarks</li> </ul>	<ul style="list-style-type: none"> <li>• Manual (p. 39): Chart to record scores and helps determine specific strengths and weaknesses.</li> <li>• No mention of referral decisions or steps to follow.</li> </ul>
<p><b>3. The time required to conduct the screening procedure is reasonable.</b></p> <p>This standard concerns the amount of time required to complete a screening. Length of time for administration can influence both the examiner's and the adult learner's performance.</p>	<p><b>Look for:</b> a description of the time required for administration, scoring, and interpretation.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• a statement of whether or not the test is timed, specifying times</li> <li>• minimum and maximum scoring times</li> <li>• estimate of time required for scoring and interpretation</li> </ul>	<ul style="list-style-type: none"> <li>• Manual: each section is timed and has specific timing requirements.</li> <li>• No mention of the total time required to administer.</li> <li>• No mention of scoring time.</li> </ul>
<p><b>4. The screening material allows accommodations for individuals with disabilities.</b></p> <p>This standard concerns the accommodations required for persons already defined as having a disability (for example, low vision, physical disability, or psychiatric disability). Some accommodations may include extended time or an oral protocol, instead of a written one.</p>	<p><b>Look for:</b> a description of accommodations for individuals with disabilities.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• suggestions for specific accommodations linked to specific disabilities</li> <li>• a description of research validating appropriateness of the accommodations - for testing accuracy</li> </ul>	<ul style="list-style-type: none"> <li>• No mention of accommodations to be made.</li> </ul>

# STANDARDS EVALUATION PROCESS EVIDENCE

<p><b>5. The screening material adequately represents the full range of learning disabilities characteristics.</b></p> <p>This standard indicates the importance of screening for the different types of manifested learning disabilities, such as word recognition, math calculation, math reasoning, written and oral expression, listening comprehension, and reading comprehension.</p>	<p><b>Look for:</b> description of which learning disabilities characteristics may be assessed with the instrument.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• research validating the test for the specific learning disabilities characteristic(s) of interest</li> </ul>	<ul style="list-style-type: none"> <li>• Manual: the purpose is to identify specific language disability (reading, speaking, handwriting, etc.)</li> <li>• No research provided.</li> </ul>
<p><b>6. The screening material is consistent with what is currently known about learning disabilities.</b></p> <p>In this standard, the emphasis is on whether the materials are consistent with current knowledge of learning disabilities. Learning disabilities assessment should change as our understanding about learning disabilities changes.</p>	<p><b>Look for:</b> a description of the basis for the test that is consistent with current learning disabilities theories.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• statements of theoretical basis for the test</li> <li>• explanations of learning disabilities consistent with specific theories (for example, neuropsychological, behavioral, developmental)</li> <li>• information about content validity</li> <li>• research of how the test items were developed and validated</li> </ul>	<ul style="list-style-type: none"> <li>• No research provided or information about how the test items were developed.</li> </ul>
<p><b>7. The screening material reliably measures the individual's learning characteristics.</b></p> <p>Tests used to screen persons with LD must accurately reflect a person's knowledge, skills, and abilities. Test must yield consistent results.</p>	<p><b>Look for:</b> research indicating the test's accuracy in measuring the individual's learning characteristics.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• temporal reliability (should be close to 1)</li> <li>• interrater reliability (should be close to 1)</li> <li>• standard error of measurement (should be low)</li> </ul>	<ul style="list-style-type: none"> <li>• No research provided.</li> </ul>

# STANDARDS EVALUATION PROCESS EVIDENCE

<p><b>8. The screening material accurately predicts who may have a learning disability.</b></p> <p>Information should support use of the screening material for predicting who may and who may not have a learning disability.</p>	<p><b>Look for:</b></p> <p>a description of research that indicates the material is effective for adults similar to those you may be screening.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• predictive validity</li> <li>• classification accuracy</li> <li>• % correct decisions</li> </ul>	<ul style="list-style-type: none"> <li>• No research provided.</li> </ul>
<p><b>9. The screening material accurately predicts a learning disability regardless of a person's age, gender, race, ethnicity, or primary language.</b></p> <p>Dependent upon any of these factors, a screening material may be accurate/inaccurate, respectful/derogatory, relevant/irrelevant, motivating/unmotivating or meaningful/unmeaningful for a given individual.</p>	<p><b>Look for:</b></p> <p>a description of research which indicates the material is effective for adults similar to those you may be screening.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• research that included adults with similar characteristics to persons you will test</li> </ul>	<ul style="list-style-type: none"> <li>• No research provided.</li> </ul>
<p><b>10. Research supports the links between screening procedures and instructional materials.</b></p> <p>Some screening procedures may include information to help you select instructional materials or practices.</p>	<p><b>Look for:</b></p> <p>research validating recommendations for instructional materials that are based on screening results.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• research results linking specific testing results with specific instructional options</li> <li>• descriptions of instructional options based upon specific testing outcomes</li> <li>• decision accuracy of using a particular intervention</li> </ul>	<ul style="list-style-type: none"> <li>• No research provided.</li> <li>• No mention of specific instructional practices.</li> </ul>

## National ALLD Center Report Card on Screening Instruments

<b>Screening Material</b>	Screening Test for Adults with Learning Difficulties (STALD)		<b>Multiple Forms</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<b>Administration Setting</b>	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group
Publication Date			<b>Administration Format</b>	Interview
Edition			<b>Observational Checklist</b>	<input type="checkbox"/> Self-Report <input checked="" type="checkbox"/> Task Completion
Author			<b>Non-English Version</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Specify) _____
<b>Publisher</b>	Texas Center for Adult Literacy and Learning		<b>Target Population/</b>	adult education and adult literacy students,
			<b>Learner Level(s)</b>	focusing primarily on O-4 grade reading levels.
Address			<b>Features</b>	remediation model keg; video demonstration may be pursued.
Phone				
Fax			<b>What &amp; How It Measures</b>	common learning disabilities characteristic through a 35 to 45 minute test.
<b>Initial Cost</b>	no longer available			
<b>Usage Cost</b>				

S T A N D A R D S		E V A L U A T I O N P R O C E S S		E V I D E N C E
<b>1. The requirements for learning to use the screening material are reasonable.</b> The standard concerns information about the procedures, including length of time and effort required to learn the materials and become proficient at administration.		<b>Look for:</b> a description of the requirements for learning to use the screening procedures. <b>You should find:</b> <ul style="list-style-type: none"> <li>a description of training experiences</li> <li>a description of who should administer the screening</li> <li>estimate of time for learning the procedures</li> </ul>		<ul style="list-style-type: none"> <li>There is no description of training requirements.</li> <li>No mention of who should administer or mention of learning testing procedures.</li> </ul>

# STANDARDS EVALUATION PROCESS EVIDENCE

<p><b>2. Guidelines regarding whether or not to refer the individual for further testing are clear and reasonable.</b></p> <p>This standard concerns the steps and information to be considered in deciding whether to refer the individual for assessment of a possible learning disability.</p>	<p><b>Look for:</b> guidelines for determining whether or not to refer the individual for further testing.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• criteria for making referral decisions</li> <li>• steps to follow in making a decision</li> <li>• forms, charts, graphs, etc., to help form your decision</li> <li>• descriptions of performance benchmarks</li> </ul>	<ul style="list-style-type: none"> <li>• There is no mention of referral for further testing.</li> <li>• The steps to follow involve figuring out what “remediation” to use, not to refer for diagnostic testing.</li> <li>• No charts, graphs or benchmarks are given.</li> </ul>
<p><b>3. The time required to conduct the screening procedure is reasonable.</b></p> <p>This standard concerns the amount of time required to complete a screening. Length of time for administration can influence both the examiner’s and the adult learner’s performance.</p>	<p><b>Look for:</b> a description of the time required for administration, scoring, and interpretation.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• a statement of whether or not the test is timed, specifying times</li> <li>• minimum and maximum scoring times</li> <li>• estimate of time required for scoring and interpretation</li> </ul>	<ul style="list-style-type: none"> <li>• Tech. Manual (p. 2): Mentions that the material is designed “so that it could be administered within 35–45 minutes.”</li> </ul>
<p><b>4. The screening material allows accommodations for individuals with disabilities.</b></p> <p>This standard concerns the accommodations required for persons already defined as having a disability (for example, low vision, physical disability, or psychiatric disability). Some accommodations may include extended time or an oral protocol, instead of a written one.</p>	<p><b>Look for:</b> a description of accommodations for individuals with disabilities.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• suggestions for specific accommodations linked to specific disabilities</li> <li>• a description of research validating appropriateness of the accommodations - for testing accuracy</li> </ul>	<ul style="list-style-type: none"> <li>• No mention of accommodations for persons with disabilities.</li> </ul>

# STANDARDS EVALUATION PROCESS EVIDENCE

<p><b>5. The screening material adequately represents the full range of learning disabilities characteristics.</b></p> <p>This standard indicates the importance of screening for the different types of manifested learning disabilities, such as word recognition, math calculation, math reasoning, written and oral expression, listening comprehension, and reading comprehension.</p>	<p><b>Look for:</b> description of which learning disabilities characteristics may be assessed with the instrument.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• research validating the test for the specific learning disabilities characteristic(s) of interest</li> </ul>	<ul style="list-style-type: none"> <li>• There are no math areas addressed by this material.</li> <li>• There is no research regarding the test's validity for certain LDs.</li> </ul>
<p><b>6. The screening material is consistent with what is currently known about learning disabilities.</b></p> <p>In this standard, the emphasis is on whether the materials are consistent with current knowledge of learning disabilities. Learning disabilities assessment should change as our understanding about learning disabilities changes.</p>	<p><b>Look for:</b> a description of the basis for the test that is consistent with current learning disabilities theories.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• statements of theoretical basis for the test</li> <li>• explanations of learning disabilities consistent with specific theories (for example, neuropsychological, behavioral, developmental)</li> <li>• information about content validity</li> <li>• research of how the test items were developed and validated</li> </ul>	<ul style="list-style-type: none"> <li>• No statements of theoretical basis for the material.</li> <li>• No mention of validity.</li> <li>• Tech. Manual (foreword): Explains how test was created, field tested, and then revised based on field tests (p. 2).</li> </ul>
<p><b>7. The screening material reliably measures the individual's learning characteristics.</b></p> <p>Tests used to screen persons with LD must accurately reflect a person's knowledge, skills, and abilities. Test must yield consistent results.</p>	<p><b>Look for:</b> research indicating the test's accuracy in measuring the individual's learning characteristics.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• temporal reliability (should be close to 1)</li> <li>• interrater reliability (should be close to 1)</li> <li>• standard error of measurement (should be low)</li> </ul>	<ul style="list-style-type: none"> <li>• No mention of temporal, inter-rater reliability, or SEM.</li> </ul>



# STANDARDS EVALUATION PROCESS EVIDENCE

<p><b>8. The screening material accurately predicts who may have a learning disability.</b></p> <p>Information should support use of the screening material for predicting who may and who may not have a learning disability.</p>	<p><b>Look for:</b></p> <p>a description of research that indicates the material is effective for adults similar to those you may be screening.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• predictive validity</li> <li>• classification accuracy</li> <li>• % correct decisions</li> </ul>	<ul style="list-style-type: none"> <li>• No mention of percentages of correct decisions.</li> <li>• Predictive validity not mentioned.</li> </ul>
<p><b>9. The screening material accurately predicts a learning disability regardless of a person's age, gender, race, ethnicity, or primary language.</b></p> <p>Dependent upon any of these factors, a screening material may be accurate/inaccurate, respectful/derogatory, relevant/irrelevant, motivating/unmotivating or meaningful/unmeaningful for a given individual.</p>	<p><b>Look for:</b></p> <p>a description of research which indicates the material is effective for adults similar to those you may be screening.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• research that included adults with similar characteristics to persons you will test</li> </ul>	<ul style="list-style-type: none"> <li>• No indication of research on characteristics. (Material content seems to be appropriate for any adult.)</li> </ul>
<p><b>10. Research supports the links between screening procedures and instructional materials.</b></p> <p>Some screening procedures may include information to help you select instructional materials or practices.</p>	<p><b>Look for:</b></p> <p>research validating recommendations for instructional materials that are based on screening results.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• research results linking specific testing results with specific instructional options</li> <li>• descriptions of instructional options based upon specific testing outcomes</li> <li>• decision accuracy of using a particular intervention</li> </ul>	<ul style="list-style-type: none"> <li>• No research indicating why certain materials for instruction are used. The video describes why the sample student is now using certain instructional materials, but no indication of it being research based.</li> <li>• There are descriptions on the video of instructional options based on the testing options; the tech. manual has bibliographies of all info about instructional materials for corresponding outcomes on the screening test.</li> </ul>



## National ALLD Center Report Card on Screening Instruments

<b>Screening Material</b>  Strengths & Limitations Inventory: Vocational 1990 Carol A. Dowdy University of Alabama at Birmingham 901 S. 13th St. Room #214 Birmingham, AL 35294 (205) 934-3440 (205) 975-7581 None Initial Cost Usage Cost	Multiple Forms <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Administration Setting <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group Administration Format Interview Observational Checklist <input type="checkbox"/> Self-Report <input type="checkbox"/> Task Completion Non-English Version <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Specify) _____ Target Population/ adults Learner Level(s) _____ Features listing of learning disabilities characteristics and possible Compensations, Accommodations, Modifications, and Strategies (CAMS). What & How It Measures characteristics and behaviors that may limit vocational and/or educational success; Rating Scale of Functional Limitations (adapted from ADHD rating scale) and Assessment of Functional Limitations.	<b>E V A L U A T I O N P R O C E S S</b>  <b>Look for:</b> a description of the requirements for learning to use the screening procedures. <b>You should find:</b> • a description of training experiences • a description of who should administer the screening • estimate of time for learning the procedures	<b>E V I D E N C E</b>  • No training mentioned. • (Front page): "may be completed during an interview or given to parents, teachers, or other professionals to complete."
<b>1. The requirements for learning to use the screening material are reasonable.</b> The standard concerns information about the procedures, including length of time and effort required to learn the materials and become proficient at administration.			

# STANDARDS EVALUATION PROCESS EVIDENCE

<p><b>2. Guidelines regarding whether or not to refer the individual for further testing are clear and reasonable.</b></p> <p>This standard concerns the steps and information to be considered in deciding whether to refer the individual for assessment of a possible learning disability.</p>	<p><b>Look for:</b> guidelines for determining whether or not to refer the individual for further testing.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• criteria for making referral decisions</li> <li>• steps to follow in making a decision</li> <li>• forms, charts, graphs, etc., to help form your decision</li> <li>• descriptions of performance benchmarks</li> </ul>	<ul style="list-style-type: none"> <li>• (Back of last page): After review of checklist, those checked as often or very often occurring should or may require remediation or accommodation as a functional limitation; “an intervention should be developed for each prioritized functional limitation.”</li> <li>• No specifics on testing or how to develop interventions.</li> </ul>
<p><b>3. The time required to conduct the screening procedure is reasonable.</b></p> <p>This standard concerns the amount of time required to complete a screening. Length of time for administration can influence both the examiner’s and the adult learner’s performance.</p>	<p><b>Look for:</b> a description of the time required for administration, scoring, and interpretation.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• a statement of whether or not the test is timed, specifying times</li> <li>• minimum and maximum scoring times</li> <li>• estimate of time required for scoring and interpretation</li> </ul>	<ul style="list-style-type: none"> <li>• No times given.</li> <li>• No scoring procedure.</li> </ul>
<p><b>4. The screening material allows accommodations for individuals with disabilities.</b></p> <p>This standard concerns the accommodations required for persons already defined as having a disability (for example, low vision, physical disability, or psychiatric disability). Some accommodations may include extended time or an oral protocol, instead of a written one.</p>	<p><b>Look for:</b> a description of accommodations for individuals with disabilities.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• suggestions for specific accommodations linked to specific disabilities</li> <li>• a description of research validating appropriateness of the accommodations - for testing accuracy</li> </ul>	<ul style="list-style-type: none"> <li>• No accommodations given, though NA as individual is observed.</li> <li>• No research or mention of accommodations as necessary.</li> </ul>

# STANDARDS EVALUATION PROCESS EVIDENCE

<p><b>5. The screening material adequately represents the full range of learning disabilities characteristics.</b></p> <p>This standard indicates the importance of screening for the different types of manifested learning disabilities, such as word recognition, math calculation, math reasoning, written and oral expression, listening comprehension, and reading comprehension.</p>	<p><b>Look for:</b> description of which learning disabilities characteristics may be assessed with the instrument.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• research validating the test for the specific learning disabilities characteristic(s) of interest</li> </ul>	<ul style="list-style-type: none"> <li>• Checklist has 110 characteristics divided into sections such as attention/impulsiveness, reading/processing memory, coordination/motor function, reading skills/comprehension, math calculation/application.</li> <li>• No research supplied to validate.</li> </ul>
<p><b>6. The screening material is consistent with what is currently known about learning disabilities.</b></p> <p>In this standard, the emphasis is on whether the materials are consistent with current knowledge of learning disabilities. Learning disabilities assessment should change as our understanding about learning disabilities changes.</p>	<p><b>Look for:</b> a description of the basis for the test that is consistent with current learning disabilities theories.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• statements of theoretical basis for the test</li> <li>• explanations of learning disabilities consistent with specific theories (for example, neuropsychological, behavioral, developmental)</li> <li>• information about content validity</li> <li>• research of how the test items were developed and validated</li> </ul>	<ul style="list-style-type: none"> <li>• (Article): Supplies information and research on SLDs; the Dowdy “SLD Characteristics checklist” was designed to locate the characteristics by observation- it was revised on data analysis and input from VR transition caseload counselors.</li> <li>• (p. 53). The S &amp; L Inventory is yet another revision of the “SLD characteristics Checklist” (Dowdy phone conversation).</li> <li>• No information on content validity or how checklist was developed technically.</li> </ul>
<p><b>7. The screening material reliably measures the individual’s learning characteristics.</b></p> <p>Tests used to screen persons with LD must accurately reflect a person’s knowledge, skills, and abilities. Test must yield consistent results.</p>	<p><b>Look for:</b> research indicating the test’s accuracy in measuring the individual’s learning characteristics.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• temporal reliability (should be close to 1)</li> <li>• interrater reliability (should be close to 1)</li> <li>• standard error of measurement (should be low)</li> </ul>	<ul style="list-style-type: none"> <li>• No temporal, inter-rater, or SEM given.</li> </ul>

# STANDARDS EVALUATION PROCESS EVIDENCE

<p><b>8. The screening material accurately predicts who may have a learning disability.</b></p> <p>Information should support use of the screening material for predicting who may and who may not have a learning disability.</p>	<p><b>Look for:</b></p> <p>a description of research that indicates the material is effective for adults similar to those you may be screening.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• predictive validity</li> <li>• classification accuracy</li> <li>• % correct decisions</li> </ul>	<ul style="list-style-type: none"> <li>• (Checklist): Measures “strengths and limitations” based on frequency of observed characteristics.</li> <li>• No predictive validity given, not a predictor of LDs.</li> </ul>
<p><b>9. The screening material accurately predicts a learning disability regardless of a person’s age, gender, race, ethnicity, or primary language.</b></p> <p>Dependent upon any of these factors, a screening material may be accurate/inaccurate, respectful/derogatory, relevant/irrelevant, motivating/unmotivating or meaningful/unmeaningful for a given individual.</p>	<p><b>Look for:</b></p> <p>a description of research which indicates the material is effective for adults similar to those you may be screening.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• research that included adults with similar characteristics to persons you will test</li> </ul>	<ul style="list-style-type: none"> <li>• No research or checklist given.</li> <li>• No information on who this should be administered to—entitled “Vocational Version.”</li> </ul>
<p><b>10. Research supports the links between screening procedures and instructional materials.</b></p> <p>Some screening procedures may include information to help you select instructional materials or practices.</p>	<p><b>Look for:</b></p> <p>research validating recommendations for instructional materials that are based on screening results.</p> <p><b>You should find:</b></p> <ul style="list-style-type: none"> <li>• research results linking specific testing results with specific instructional options</li> <li>• descriptions of instructional options based upon specific testing outcomes</li> <li>• decision accuracy of using a particular intervention</li> </ul>	<ul style="list-style-type: none"> <li>• (Back of back page): “An intervention should be developed for each prioritized functional limitation” based on characteristics occurring often or very often.</li> <li>• No specific instructional testing given or intervention follow-up.</li> <li>• No research given.</li> </ul>

# Inappropriate Assessment Instruments for LD Screening in Adults

The following tests were not designed as screening instruments for learning disabilities. Their primary purpose is to provide information about other areas of a learner's performance. Testing for learning disabilities may include some of these measures, but not for screening purposes.

## Achievement Tests

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Academic Assessment and Remediation of Adults with Learning Disabilities: Five County Adult Education Program, Athens, GA  
Brigance Diagnostic Inventory of Essential Skills: Curriculum Associates  
Objectives Referenced Bank of Items and Tests (ORBIT): CTB McGraw-Hill  
Wide Range Achievement Test (WRAT-3/WRAT)  
Woodcock Johnson Psycho Educational Battery (WJPEB-R)

## Aptitude Tests

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Auditory Screen: Literacy Skills Seminar, Orange County Branch, Orton Dyslexia Society  
Detroit Tests of Learning Aptitude (DTLA)  
Gallistel-Ellis Test of Coding  
Haptic Visual Discrimination Test: McCarron-Dial Systems  
Learning Efficiency Test

Perceptual Memory Task: McCarron-Dial Systems  
Ross Test of Higher Cognitive Processes (RTHCP)  
Scotopic Sensitivity Syndrome: HUC Irlin Institute  
Wechsler Memory Scale  
Woodcock Johnson Psycho Educational Battery (WJPEB-R)

## Behavioral Tests

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Walker Problem Behavior Identification Checklist

## ESL Tests

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CELSA and BSTEL (ESL tests): Association of Classroom Teachers

## GED Tests

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GED Official Practice Test w/ audio: Steck-Vaughn

## Intelligence Tests

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Raven's Progressive Matrices: Oxford Psych Press  
Slosson Intelligence Test (SIT-R)  
Test of Nonverbal Intelligence (TONI/TONI 2)  
Wechsler Adult Intelligence Scale (WAIS-R)  
Wechsler Intelligence Scale for Children (WISC)  
Woodcock Johnson Psycho Educational Battery (WJPEB-R)

## Language Tests

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Peabody Picture Vocabulary Test (S/E revised) (PPVT-R)  
Test of Language Segmentation (TALS): Dr. Diane Sawyer

## Learning Styles Test

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Learning Barriers Inventory Guide: Ruth Lambert, 196 Bridge Street,  
Manchester, NH 03104  
Learning Disabilities Council Booklet: Janet Williams, Learning  
Disabilities Council, APO Box 8451, Richmond, VA 23226, (804)  
744-5177  
Learning Styles Instrument: Center for Innovative Teaching  
Experiences  
“Learning Style Inventory” in *Help Yourself. How to Take Advantage of  
Your Learning Styles*; Sonnbuchner, New Readers Press

## Motor Tests

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Bender Gestalt: Amer. Ortho. Psych. Press  
 Delacato: Dr. Dennison's Psycho-Motor Screening  
 Grip Strength (Hand Dynamometer): Lafayette Instrument Company  
 Purdue Pegboard: Lafayette Instrument company  
 Slosson Drawing Coordination Test

## Placement Tests

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ABLE Placement Test: Psychological Corp.  
 CASAS (life skills, employability skills and special needs)  
 CES: developed by State of CT based on California's CASAS  
 Laubach Way to Reading Diagnostic Inventory: New Reader's Press  
 Objectives Referenced Bank of Items and Tests (ORBIT): CTB  
 McGraw-Hill

## Program Materials

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Alaska Career Information System (ARCIS)  
 Learning Disabilities Manual: Union County Adult Education  
 Program, New Jersey  
 Portland Community College Assessment: Office of Community  
 College Services, Oregon.

## Reading Tests

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Dolch Basic Sight Word Test  
 Gray Oral Reading Test (GORT-3)  
 Gates-McGinitie Reading Test  
 Monroe Reading Paragraphs: Self-developed  
 Nelson Denny  
 Reading for Today: Steck-Vaughn  
 Reading Style Inventory: National Reading Style Institute, Marie  
 Carbo  
 San Diego Quick Assessment Test  
 Slosson Oral Reading Test (SORT)  
 Wilson Screening System: Wilson Language Training Corp.

## Sensory Screening Tests

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Bernell-o-scope for distance, near acuity and binocularity screening:  
 Bernell Co., IN

## Spelling Tests

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Diagnostic Spelling Potential Test (DSPT) Academic Therapy Pub  
Target Spelling Series

## Tests Requiring a License, Certification, or Degree

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Special training and certification is required for a person to be able to administer many of the instruments, including those in the following list. In some instances, certification may require college training.

Raven's Progressive Matrices: Oxford Psych Press  
Wechsler Adult Intelligence Scale (WAIS-R)  
Wechsler Intelligence Scale for Children (WISC)

## Tests Developed with Limited Information

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The following tests are informal assessment measures. While they may be good measures, the test developers have not prepared materials that allowed for a thorough evaluation. At a later date, these measures may be considered for use in the screening process.

Building Methods that Work. Specially developed through joint grant with DORS, Mental Health and DD, Planning Council on Developmental Disabilities and SOS Office.

Informal Written LD/Dyslexia Screen. Self-developed, also in ERIC Document #324 427.

Learning Disabilities Manual: Union County Adult Education Program, New Jersey



# Reliability and Validity

## Importance of Reliability and Validity of Information

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The following simplistic example shows why reliability and validity are important variables in measurement.

You decide to build a new birdhouse, so you stop at the local lumberyard to buy a tape measure. You see a new type of tape measure made of soft rubber and decide to buy it. You work on building the birdhouse the next weekend; it's hot on Saturday and very cold on Sunday. As you nail the last nail, you realize that the final product is a mess. It just doesn't fit together and it is the size of a car.

What happened? Well, the problems were due to the reliability and validity of the measuring instrument—the tape measure. Because the tape measure was made of rubber, it was affected by heat. It expanded on hot days and shriveled on cold days. This inconsistency led to faulty measurement. *Reliability refers to consistency of measurement.* The reason why the birdhouse was the size of a car was a problem with validity. The ruler happened to be incorrectly manufactured with inches marked when the measurement was actually “feet.” *Validity refers to an instrument measuring what it is supposed to measure.*

Actually, consumers are faced with the issues of reliability and validity all the time. When consumers seek services from a physician (surgery or not), auto mechanic (replace the brakes or not), or accountant (tax

deductible item or not), they assume that those professionals are making reliable (consistent) and valid (correct) decisions. Similarly, literacy practitioners should have the best possible information about best practices before making decisions that will affect learners.

A test score with little validation or low reliability is unacceptable and does not accurately sample an adult learner's performance. On the other hand, a test score with acceptable validity and reliability will give both the practitioner and the adult confidence in decisions that are made based on test results.

## Definition of Reliability

### Expected Correlations

The technical manual for a screening instrument should provide information about reliability. Perfect agreement results in a correlation of 1.00. Often the Pearson product moment correlation is the calculation formula that is used. Because perfection doesn't occur in life, the question frequently asked is what correlation should be expected. Salvia and Ysseldyke (1991) provide a standard of expectations for different types of tests: .90 for individual diagnostic tests, .80 for group-administered tests, and .60 for screen tests. Just based on these lower expectations for screening instruments, the problem of relying on only one paper-and-pencil test is evident.

### Relationship to Standard Error of Measurement

Another helpful measure of reliability is the standard error of measurement. Simply put, tests with high reliability should have low standard error of measurement scores. Again, this score indicates consistency of scores. To continue the above IQ test example, a reliable IQ test would probably have a standard error of measurement score of 4. This means that if you had a score of 130 today, you may not score exactly 130 if you retook the test tomorrow. Variables such as room temperature, your hunger, or a fight with your spouse may influence your test result, but you would expect to score from 126 to 134 (130 plus or minus 4 points). In contrast, if you selected a test with a standard error of measurement of 15, you may score in the gifted range (over 130 IQ) one day and in the normal range (less than 130 IQ) the next.

### Where to Find Results

The examples of reliability so far have been simplistic, because there are several types of reliability based on the test's characteristics. In the relia-

bility section of the test’s technical manual, you should expect information about test-retest and internal consistency reliability for every test. Also, the test may have alternative-form and inter-rater (sometimes called inter-scorer reliability).

## Types of Reliability

### Test-Retest Reliability

This reliability coefficient and its standard error of measurement show the influence of time on one person taking the same test twice. In this instance, you would expect the test scores on consecutive days to be stable (*e.g.*, high reliability scores close to 1.0). You should expect to find a test-retest reliability coefficient and its standard error of measurement in the test’s technical manual. Synonyms for this type of reliability are “temporal reliability” or “stability coefficient.” Every test should have this information in its technical manual.

### Internal Consistency

Internal consistency is another calculation that the reader should expect to find in the test’s technical manual. This information describes the quality of the test content. Typically, the test authors will correlate the odd items with the even items. Well constructed tests should have extremely high correlations. The common calculation formulas are the Spearman-Brown split-half formula, Kuder-Richardson formula, or Cronbach coefficient alpha values. Every test should have this information in its technical manual.

### Inter-Rater Reliability

Many tests, such as achievement tests, are based on the adult’s direct responses. The adult answers questions and the answers are totaled. Other assessment instruments are based on someone else rating the adult’s behavior. Examples of these types of assessment instruments are social behavior scales where staff members rate the adult’s social behavior. If the assessment instrument is well constructed, you would expect that the score obtained by two examiners rating the same adult would be the similar. This inter-rater reliability and SEM is particularly important for tests whose answers are subjectively scored, such as writing samples. Expect this information in the technical manual if the respondent is a third party, not the adult.

### Alternate-Form Reliability

Some tests, especially achievement tests, have alternative forms. For example, Form A of the test may be given in the fall and Form B given in the spring. Two forms are used to avoid the possible problem of a student remembering particular test items. The basic process that the test author uses to create alternative forms is to select similar content for each form. You hope that the two forms yield an equivalent score. Because of the cost involved, screening instruments rarely have alternative forms and thus alternate-form reliability is not given. Expect this information in the technical manual if there are alternative forms.

### Comparing Reliability Scores

As mentioned earlier, a test cannot be valid unless it is reliable. When selecting which screening instrument to use, compare the reliability scores of the instruments. This precision is reflected in a reliability coefficient, which can range from 0.00 to 1.00. The closer the reliability coefficient is to 1.00, the more precise the score. If no score is provided, the quality of the screening instrument should be questioned.

## Definition of Validity

The most important type of validity to look at in a screening instrument is predictive validity. There are other types of validity, but the main question for screening instruments is “Can the screening instrument differentiate learners with and without learning disabilities?” For a discussion of other types of validity, see Salvia and Ysseldyke (1991). The technical manual should provide information about predictive validity. Included in this section should be a description of the type of learner used in the predictive study. For example, the screening instrument may have been created for secondary students. This information should be weighted when deciding which screening instrument to use.

## Validity Results

Figure D.1 shows the possible outcomes for predictive validity decisions. The possible outcomes are correct identification, correct rejection, false positive, and false negative.

- Correct identification: A learner with a learning disability is correctly judged as having a learning disability.
- Correct rejection: A learner without a learning disability is correctly judged as not having a learning disability.

## Eligibility Outcomes

Evaluation conclusion	True condition	
	Learning disabled	Not learning disabled
Learning disabled	Hit	False alarm
Not learning disabled	Miss	Correct rejection

**FIGURE D.1**  
Confusion matrix

- **False positive:** A non-learning disabled participant may incorrectly be judged as having a learning disability; this is a false positive error. A false positive is the error that most testers are likely to make, because the common opinion is that it is beneficial to label learners as disabled and to provide accommodations. This error also is referred to as a “false alarm” or a Type I error.
- **False negative:** A student who is truly learning disabled may be judged as non-learning disabled; this is a false negative error. From many perspectives, this error is the more serious because the student does not receive legal protections or accommodations. The false negative error also is referred to as a “miss” or a Type II error.

## Comparing Reliability Scores

A test score’s predictive accuracy is represented numerically as a validity coefficient. This value ranges from -1.00 to +1.00. The closer the value is to 1.00, the more accurate the test score is for predicting.

Another numerical value of a test score’s predictive validity is the ratio of correct classifications to incorrect classifications, or the percentage of correct classifications. The closer the value is to 100% accuracy, the better the screening procedure. This classification accuracy is likely the most useful, because the accuracy is based on a particular cutoff score. If the learner’s score exceeds the cutoff, you should recommend a referral for diagnostic assessment. If the score is below that cutoff, you should not recommend a referral. Consequently, you should know how accurate the decisions are for a chosen cutoff score.

These numerical values are not going to be high. Rarely will you find validity coefficients of .75 or higher, or classification accuracy as high as 75%. Learning disabilities conditions are difficult to accurately predict, but tests with even low validity values can be useful.



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## Critical Questions for Adult Literacy Programs

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To develop an adult literacy program that is responsive to the needs of adults with learning disabilities, literacy program staff may find it helpful to use the following critical questions as a framework for discussing and planning services. Each of the five guidebooks will provide information that can be used to help practitioners answer these critical questions:

- What makes adult literacy services sensitive to the needs of adults with learning disabilities?
- What is the nature and impact of learning disabilities on adults?
- How does the law affect the quality of life of adults with learning disabilities?
- What linkages to other community agencies are critical for literacy programs to increase the success of adults with learning disabilities?
- How can literacy program staff ensure that systemic change will increase the success of adults with learning disabilities?
- How can literacy program staff ensure that assessment practices in adult literacy programs increase the success of adults with learning disabilities?
- How can the choice of curriculum and curriculum materials affect the success of adults with learning disabilities?
- How can instructional planning become more sensitive to the needs of adults with learning disabilities?
- How can literacy program staff ensure that instruction increases the success of adults with learning disabilities?
- How can literacy program staff ensure that accommodations and instructional adaptations are appropriately selected and used to increase the success of adults with learning disabilities?

GUIDEBOOK 1  
Preparing to Serve Adults  
with Learning Disabilities

GUIDEBOOK 2  
The Assessment Process

GUIDEBOOK 3  
The Planning Process

GUIDEBOOK 4  
The Teaching/Learning Process

GUIDEBOOK 5  
Creating Professional  
Development Opportunities